Arizona Department of Insurance

ANNUAL TAX AND FEES DATA SHEET

for the calendar year ended December 31, **2012**

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INSTRUCTIONS

This "Data Sheet" document contains information that insurers, foreign risk retention groups and other insurance entities (collectively, "taxpayers") must file as part of their Annual Tax and Fees Report (Form E-TAX) filing, required pursuant to Arizona Revised Statutes ("ARS") § 20-224 and other laws. Please obtain your page of the Data Sheet using the following steps:

1. **Find the taxpayer's page of this report.**
   The easiest way to do this is to find the page with the taxpayer's NAIC number on it. In rare instances, the Department of Insurance has assigned a different number from the NAIC number; therefore, if you are not able to find the taxpayer's page using the NAIC number, find the page using the taxpayer's name.

2. **Print the taxpayer's page of this report.**
   Only print the one-page Data Sheet that pertains to the taxpayer. You should not print all of the Data Sheet pages. The page number that you need to print is in the upper right corner of the Data Sheet. For example, to print this INSTRUCTIONS page, you would print from page 1 to page 1.

3. **Follow Data Sheet instructions and use information on tax, fees and retaliation reports.**
   The Data Sheet tells you what you need to file, and in some cases, provides information you need to enter on forms you need to file. The Data Sheet provides information we have readily available and is intended to cut down on the research you need to complete; however, the Data Sheet may not provide all information you need to enter on forms that you need to file.

4. **Attach your page of the Data Sheet to your tax and fees report.**
   If you are submitting your report on paper, attach the taxpayer's Data Sheet to the back of the tax and fees report, but BEFORE (in front of) a print out of the taxpayer's Schedule T and Arizona State Page. If you are submitting your report on OPTins, attach a PDF named "Data_Sheet.PDF" containing the taxpayer's Data Sheet page.

5. **Contact us if you have any questions.**
   If you have any questions or concerns about the information on the Data Sheet, or questions about requirements for reporting and paying taxes, fees or retaliation, contact Susan Yepez with the INSURANCE TAX UNIT at syepez@azinsurance.gov, or by calling (602) 364-3997.

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	901	WESTERN GROWERS ASSURANCE TRUST

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	902	UNITED AGRICULTURAL EMPL. WELFARE BENEFIT PLAN & TRUST

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3003	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3006	HANNOVER RUCKVERSICHERUNG AG

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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3015	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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NAIC / Name	3016	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3017	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3019	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	3020	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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NAIC / Name	3021	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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10006	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10006	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10007	NEVADA GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$586.17
4/15/2012	$586.17
5/15/2012	$586.17
6/15/2012	$586.17
7/15/2012	$586.17
8/15/2012	$586.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,517.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10007	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 367 vehicles covered during 1/1/2012 to 6/30/2012	**$183.50**
Auto Theft Authority Assessment for 375 vehicles covered during 7/1/2011 to 12/31/2011	**$187.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10014	AFFILIATED FM INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$24,727.75
4/15/2012	$24,727.75
5/15/2012	$24,727.75
6/15/2012	$24,727.75
7/15/2012	$24,727.75
8/15/2012	$24,727.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$148,366.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10014	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10020	UNITED EDUCATORS INSURANCE, A RECIPROCAL RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,530.70
4/15/2012	$1,530.70
5/15/2012	$1,530.70
6/15/2012	$1,530.70
7/15/2012	$1,530.70
8/15/2012	$1,530.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,184.20**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10023	ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GR

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,468.97
4/15/2012	$18,468.97
5/15/2012	$18,468.97
6/15/2012	$18,468.97
7/15/2012	$18,468.97
8/15/2012	$18,468.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$110,813.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10030	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10051	LYNDON SOUTHERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10051	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10051	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10052	CHUBB NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10052	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10054	SECURIAN CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,774.89
4/15/2012	$5,774.89
5/15/2012	$5,774.89
6/15/2012	$5,774.89
7/15/2012	$5,774.89
8/15/2012	$5,774.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,649.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10054	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00
MAP13-10054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	$200.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10068	HILLSTAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10068	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$859.56
4/15/2012	$859.56
5/15/2012	$859.56
6/15/2012	$859.56
7/15/2012	$859.56
8/15/2012	$859.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,157.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10069	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$47,215.49
4/15/2012	$47,215.49
5/15/2012	$47,215.49
6/15/2012	$47,215.49
7/15/2012	$47,215.49
8/15/2012	$47,215.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$283,292.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10071	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10071	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,500 vehicles covered during 7/1/2011 to 12/31/2011	**$2,750.00**
Auto Theft Authority Assessment for 5,000 vehicles covered during 1/1/2012 to 6/30/2012	**$2,500.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$51,645.56
4/15/2012	$51,645.56
5/15/2012	$51,645.56
6/15/2012	$51,645.56
7/15/2012	$51,645.56
8/15/2012	$51,645.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$309,873.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10072	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10072	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 11,832 vehicles covered during 1/1/2012 to 6/30/2012	**$5,916.00**
Auto Theft Authority Assessment for 11,140 vehicles covered during 7/1/2011 to 12/31/2011	**$5,570.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10075	CONSUMER SPECIALTIES INS. CO., RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10103	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10103	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,203.53
4/15/2012	$2,203.53
5/15/2012	$2,203.53
6/15/2012	$2,203.53
7/15/2012	$2,203.53
8/15/2012	$2,203.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,221.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10105	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 902 vehicles covered during 7/1/2011 to 12/31/2011	**$451.00**
Auto Theft Authority Assessment for 739 vehicles covered during 1/1/2012 to 6/30/2012	**$369.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$42,552.92
4/15/2012	$42,552.92
5/15/2012	$42,552.92
6/15/2012	$42,552.92
7/15/2012	$42,552.92
8/15/2012	$42,552.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$255,317.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10111	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-10111	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10111	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,689 vehicles covered during 7/1/2011 to 12/31/2011	**$1,844.50**
Auto Theft Authority Assessment for 3,689 vehicles covered during 1/1/2012 to 6/30/2012	**$1,844.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,094.76
4/15/2012	$6,094.76
5/15/2012	$6,094.76
6/15/2012	$6,094.76
7/15/2012	$6,094.76
8/15/2012	$6,094.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$36,568.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10120	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10120	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 212 vehicles covered during 7/1/2011 to 12/31/2011	**$106.00**
Auto Theft Authority Assessment for 157 vehicles covered during 1/1/2012 to 6/30/2012	**$78.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10125	ELITE TRANSPORTATION RISK RETENTION GROUP, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10130	SU INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10130	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10155	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10155	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10160	ABRAZO ADVANTAGE HEALTH PLAN, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10161	FOX INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 56:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$364.13
4/15/2012	$364.13
5/15/2012	$364.13
6/15/2012	$364.13
7/15/2012	$364.13
8/15/2012	$364.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,184.78**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10166	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10166	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$850.54	
4/15/2012		$850.54	
5/15/2012		$850.54	
6/15/2012		$850.54	
7/15/2012		$850.54	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,252.70**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 263 vehicles covered during 7/1/2011 to 12/31/2011	**$131.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10177	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10178	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,613.39
4/15/2012	$1,613.39
5/15/2012	$1,613.39
6/15/2012	$1,613.39
7/15/2012	$1,613.39
8/15/2012	$1,613.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,680.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	$200.00
FRA13-10200	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00
HCA13-10200	Health Care Appeals Fund [ARS § 20-2541(2)]	$200.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10204	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10204	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$4,760.58	
4/15/2012		$4,760.58	
5/15/2012		$4,760.58	
6/15/2012		$4,760.58	
7/15/2012		$4,760.58	
8/15/2012		$4,760.58	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$28,563.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10216	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10219	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10219	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10219	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$373.69
4/15/2012	$373.69
5/15/2012	$373.69
6/15/2012	$373.69
7/15/2012	$373.69
8/15/2012	$373.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,242.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10220	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$789.21
4/15/2012	$789.21
5/15/2012	$789.21
6/15/2012	$789.21
7/15/2012	$789.21
8/15/2012	$789.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,735.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10222	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,850.10
4/15/2012	$4,850.10
5/15/2012	$4,850.10
6/15/2012	$4,850.10
7/15/2012	$4,850.10
8/15/2012	$4,850.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,100.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10226	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,600 vehicles covered during 7/1/2011 to 12/31/2011	**$800.00**
Auto Theft Authority Assessment for 1,123 vehicles covered during 1/1/2012 to 6/30/2012	**$561.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10227	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10227	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10227	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,653.66
4/15/2012	$3,653.66
5/15/2012	$3,653.66
6/15/2012	$3,653.66
7/15/2012	$3,653.66
8/15/2012	$3,653.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,921.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10235	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10235	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 170 vehicles covered during 1/1/2012 to 6/30/2012	**$85.00**
Auto Theft Authority Assessment for 168 vehicles covered during 7/1/2011 to 12/31/2011	**$84.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,770.00
4/15/2012	$17,770.00
5/15/2012	$17,770.00
6/15/2012	$17,770.00
7/15/2012	$17,770.00
8/15/2012	$17,770.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$106,620.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10239	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10239	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,099 vehicles covered during 1/1/2012 to 6/30/2012	**$1,049.50**
Auto Theft Authority Assessment for 2,145 vehicles covered during 7/1/2011 to 12/31/2011	**$1,072.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10243	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10243	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10243	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2012 to 6/30/2012	**$2.50**
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2011 to 12/31/2011	**$4.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$770.62
4/15/2012	$770.62
5/15/2012	$770.62
6/15/2012	$770.62
7/15/2012	$770.62
8/15/2012	$770.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,623.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10245	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 548 vehicles covered during 7/1/2011 to 12/31/2011	**$274.00**
Auto Theft Authority Assessment for 548 vehicles covered during 7/1/2011 to 12/31/2011	**$274.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10336	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10336	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,341.92
4/15/2012	$4,341.92
5/15/2012	$4,341.92
6/15/2012	$4,341.92
7/15/2012	$4,341.92
8/15/2012	$4,341.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,051.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	$200.00
FRA13-10340	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$135.00
Annual Statement Filing Fee	$300.00
Auto Theft Authority Assessment for 200 vehicles covered during 7/1/2011 to 12/31/2011	$100.00
Auto Theft Authority Assessment for 142 vehicles covered during 1/1/2012 to 6/30/2012	$71.00

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10346	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10348	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10348	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10351	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10351	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$700.33
4/15/2012	$700.33
5/15/2012	$700.33
6/15/2012	$700.33
7/15/2012	$700.33
8/15/2012	$700.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,201.98**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10367	AVEMCO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,231.46
4/15/2012	$2,231.46
5/15/2012	$2,231.46
6/15/2012	$2,231.46
7/15/2012	$2,231.46
8/15/2012	$2,231.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,388.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10367	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10367	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10367	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10391	AMERICAN CENTENNIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10391	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10391	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10413	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10413	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10464	CANAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$8,694.63	
4/15/2012		$8,694.63	
5/15/2012		$8,694.63	
6/15/2012		$8,694.63	
7/15/2012		$8,694.63	
8/15/2012		$8,694.63	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$52,167.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10464	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2012 to 6/30/2012	**$1.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,520.69
4/15/2012	$6,520.69
5/15/2012	$6,520.69
6/15/2012	$6,520.69
7/15/2012	$6,520.69
8/15/2012	$6,520.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,124.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10472	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10472	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10472	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 37 vehicles covered during 1/1/2012 to 6/30/2012	**$18.50**
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2011 to 12/31/2011	**$23.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10476	STICO MUTUAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,367.61
4/15/2012	$1,367.61
5/15/2012	$1,367.61
6/15/2012	$1,367.61
7/15/2012	$1,367.61
8/15/2012	$1,367.61
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,205.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10499	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10502	MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10502	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10510	CAROLINA CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,872.32
4/15/2012	$4,872.32
5/15/2012	$4,872.32
6/15/2012	$4,872.32
7/15/2012	$4,872.32
8/15/2012	$4,872.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,233.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10510	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10510	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10510	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 111 vehicles covered during 1/1/2012 to 6/30/2012	**$55.50**
Auto Theft Authority Assessment for 166 vehicles covered during 7/1/2011 to 12/31/2011	**$83.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,074.02
4/15/2012	$18,074.02
5/15/2012	$18,074.02
6/15/2012	$18,074.02
7/15/2012	$18,074.02
8/15/2012	$18,074.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$108,444.12**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10640	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10640	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,488.29
4/15/2012	$3,488.29
5/15/2012	$3,488.29
6/15/2012	$3,488.29
7/15/2012	$3,488.29
8/15/2012	$3,488.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,929.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10641	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10641	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10642	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10642	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10642	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	10644	VICTORIA AUTOMOBILE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,023.74
4/15/2012	$1,023.74
5/15/2012	$1,023.74
6/15/2012	$1,023.74
7/15/2012	$1,023.74
8/15/2012	$1,023.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,142.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10644	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10644	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 377 vehicles covered during 1/1/2012 to 6/30/2012	**$188.50**
Auto Theft Authority Assessment for 488 vehicles covered during 7/1/2011 to 12/31/2011	**$244.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10646	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10646	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$548.25
4/15/2012	$548.25
5/15/2012	$548.25
6/15/2012	$548.25
7/15/2012	$548.25
8/15/2012	$548.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,289.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10648	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,282 vehicles covered during 1/1/2012 to 6/30/2012	**$641.00**
Auto Theft Authority Assessment for 1,754 vehicles covered during 7/1/2011 to 12/31/2011	**$877.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10669	CHURCH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10669	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10669	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10670	PMI MORTGAGE GUARANTY CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$400.68	
4/15/2012		$378.00	
5/15/2012		$378.00	
6/15/2012		$378.00	
7/15/2012		$378.00	
8/15/2012		$378.00	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,290.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10671	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10676	FIRST GUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$397.56
4/15/2012	$540.00
5/15/2012	$397.56
6/15/2012	$540.00
7/15/2012	$397.56
8/15/2012	$397.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,670.24**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$99,455.20
4/15/2012	$99,455.20
5/15/2012	$99,455.20
6/15/2012	$99,455.20
7/15/2012	$99,455.20
8/15/2012	$99,455.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$596,731.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10677	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10677	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-10677	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,631 vehicles covered during 7/1/2011 to 12/31/2011	**$815.50**
Auto Theft Authority Assessment for 2,335 vehicles covered during 1/1/2012 to 6/30/2012	**$1,167.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10682	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10690	ALLIED WORLD NATIONAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,220.86
4/15/2012	$9,220.86
5/15/2012	$9,220.86
6/15/2012	$9,220.86
7/15/2012	$9,220.86
8/15/2012	$9,220.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$55,325.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10690	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10690	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10691	RESIDENTIAL INSURANCE COMPANY, INC., A RISK RETENTION G

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,712.05
4/15/2012	$10,712.05
5/15/2012	$10,712.05
6/15/2012	$10,712.05
7/15/2012	$10,712.05
8/15/2012	$10,712.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$64,272.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10693	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-10693	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10693	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,714 vehicles covered during 1/1/2012 to 6/30/2012	**$1,857.00**
Auto Theft Authority Assessment for 2,483 vehicles covered during 7/1/2011 to 12/31/2011	**$1,241.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10723	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10724	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10729	SENECA SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,066.63
4/15/2012	$15,066.63
5/15/2012	$15,066.63
6/15/2012	$15,066.63
7/15/2012	$15,066.63
8/15/2012	$15,066.63
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$90,399.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10730	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 11,347 vehicles covered during 7/1/2011 to 12/31/2011	**$5,673.50**
Auto Theft Authority Assessment for 14,106 vehicles covered during 1/1/2012 to 6/30/2012	**$7,053.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10741	RESIDENTIAL INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10749	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10752	HEALTHCARE SAFETY & PROTECTION RRG, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$494.21
4/15/2012	$494.21
5/15/2012	$494.21
6/15/2012	$494.21
7/15/2012	$494.21
8/15/2012	$494.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,965.26**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$453.09
4/15/2012	$453.09
5/15/2012	$453.09
6/15/2012	$453.09
7/15/2012	$453.09
8/15/2012	$453.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,718.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10758	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10758	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10759	UNIVERSAL NORTH AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,338.27
4/15/2012	$10,338.27
5/15/2012	$10,338.27
6/15/2012	$10,338.27
7/15/2012	$10,338.27
8/15/2012	$10,338.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$62,029.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10759	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 196 vehicles covered during 1/1/2012 to 6/30/2012	**$98.00**
Auto Theft Authority Assessment for 334 vehicles covered during 7/1/2011 to 12/31/2011	**$167.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10777	VICTORIA SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$46,430.00
4/15/2012	$46,430.00
5/15/2012	$46,430.00
6/15/2012	$46,430.00
7/15/2012	$46,430.00
8/15/2012	$46,430.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$278,580.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10777	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 17,891 vehicles covered during 1/1/2012 to 6/30/2012	**$8,945.50**
Auto Theft Authority Assessment for 18,522 vehicles covered during 7/1/2011 to 12/31/2011	**$9,261.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,263.06
4/15/2012	$17,263.06
5/15/2012	$17,263.06
6/15/2012	$17,263.06
7/15/2012	$17,263.06
8/15/2012	$17,263.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$103,578.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10783	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10783	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 15,699 vehicles covered during 7/1/2011 to 12/31/2011	**$7,849.50**
Auto Theft Authority Assessment for 8,863 vehicles covered during 1/1/2012 to 6/30/2012	**$4,431.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,559.52
4/15/2012	$2,559.52
5/15/2012	$2,559.52
6/15/2012	$2,559.52
7/15/2012	$2,559.52
8/15/2012	$2,559.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,357.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10784	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2011 to 12/31/2011	**$1.00**
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2012 to 6/30/2012	**$1.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10794	COMPANION COMMERCIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,317.56
4/15/2012	$4,317.56
5/15/2012	$4,317.56
6/15/2012	$4,317.56
7/15/2012	$4,317.56
8/15/2012	$4,317.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,905.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10794	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2012 to 6/30/2012	**$10.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10799	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10800	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$888.93
4/15/2012	$888.93
5/15/2012	$888.93
6/15/2012	$888.93
7/15/2012	$888.93
8/15/2012	$888.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,333.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10801	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,605.24
4/15/2012	$3,605.24
5/15/2012	$3,605.24
6/15/2012	$3,605.24
7/15/2012	$3,605.24
8/15/2012	$3,605.24
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,631.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10804	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 115 vehicles covered during 1/1/2012 to 6/30/2012	**$57.50**
Auto Theft Authority Assessment for 97 vehicles covered during 7/1/2011 to 12/31/2011	**$48.50**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10807	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$405.84
4/15/2012	$405.84
5/15/2012	$405.84
6/15/2012	$405.84
7/15/2012	$405.84
8/15/2012	$405.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,435.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10815	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10815	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10836	GOLDEN EAGLE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10836	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-10836	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2012 to 6/30/2012	**$2.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10843	ASSURED GUARANTY MUNICIPAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10843	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,976.58
4/15/2012	$12,976.58
5/15/2012	$12,976.58
6/15/2012	$12,976.58
7/15/2012	$12,976.58
8/15/2012	$12,976.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$77,859.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10847	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-10847	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 82 vehicles covered during 7/1/2011 to 12/31/2011	**$41.00**
Auto Theft Authority Assessment for 62 vehicles covered during 1/1/2012 to 6/30/2012	**$31.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,334.12
4/15/2012	$2,334.12
5/15/2012	$2,334.12
6/15/2012	$2,334.12
7/15/2012	$2,334.12
8/15/2012	$2,334.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,004.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10859	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 127 vehicles covered during 7/1/2011 to 12/31/2011	**$63.50**
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2012 to 6/30/2012	**$28.00**

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$34,077.57
4/15/2012	$34,077.57
5/15/2012	$34,077.57
6/15/2012	$34,077.57
7/15/2012	$34,077.57
8/15/2012	$34,077.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$204,465.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10872	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10872	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10885	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-10885	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-10885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10887	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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10891	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10891	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10895	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10903	AMERICAN EXCESS INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,390.00
4/15/2012	$3,390.00
5/15/2012	$3,390.00
6/15/2012	$3,390.00
7/15/2012	$3,390.00
8/15/2012	$3,390.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,340.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10906	COMMERCIAL ALLIANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10906	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10909	SUN SURETY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,817.24	
4/15/2012		$1,817.24	
5/15/2012		$1,817.24	
6/15/2012		$1,817.24	
7/15/2012		$1,817.24	
8/15/2012		$1,817.24	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$10,903.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10909	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10914	KEMPER INDEPENDENCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$67,703.72
4/15/2012	$67,703.72
5/15/2012	$67,703.72
6/15/2012	$67,703.72
7/15/2012	$67,703.72
8/15/2012	$67,703.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$406,222.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10914	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 15,507 vehicles covered during 7/1/2011 to 12/31/2011	**$7,753.50**
Auto Theft Authority Assessment for 15,172 vehicles covered during 1/1/2012 to 6/30/2012	**$7,586.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10915	UNITRIN DIRECT PROPERTY & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,886.69
4/15/2012	$9,886.69
5/15/2012	$9,886.69
6/15/2012	$9,886.69
7/15/2012	$9,886.69
8/15/2012	$9,886.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$59,320.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10915	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,119 vehicles covered during 7/1/2011 to 12/31/2011	**$1,559.50**
Auto Theft Authority Assessment for 3,113 vehicles covered during 1/1/2012 to 6/30/2012	**$1,556.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10916	SURETEC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$648.32	
4/15/2012		$648.32	
5/15/2012		$648.32	
6/15/2012		$648.32	
7/15/2012		$648.32	
8/15/2012		$648.32	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$3,889.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-10916	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10921	ACA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$99,162.87
4/15/2012	$99,162.87
5/15/2012	$99,162.87
6/15/2012	$99,162.87
7/15/2012	$99,162.87
8/15/2012	$99,162.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$594,977.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10921	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,635 vehicles covered during 7/1/2011 to 12/31/2011	**$3,817.50**
Auto Theft Authority Assessment for 6,002 vehicles covered during 1/1/2012 to 6/30/2012	**$3,001.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10936	SENECA INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,818.18
4/15/2012	$5,818.18
5/15/2012	$5,818.18
6/15/2012	$5,818.18
7/15/2012	$5,818.18
8/15/2012	$5,818.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,909.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10936	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10936	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2012 to 6/30/2012	**$2.50**
Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2011 to 12/31/2011	**$4.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10945	TOKIO MARINE AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10952	STONEBRIDGE CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,486.27
4/15/2012	$12,486.27
5/15/2012	$12,486.27
6/15/2012	$12,486.27
7/15/2012	$12,486.27
8/15/2012	$12,486.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$74,917.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-10952	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-10952	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-10952	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10957	ALAMANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-10957	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-10957	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	10991	GLOBAL INTERNATIONAL INSURANCE COMPANY, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11000	SENTINEL INSURANCE COMPANY, LTD.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$78,908.65
4/15/2012	$78,908.65
5/15/2012	$78,908.65
6/15/2012	$78,908.65
7/15/2012	$78,908.65
8/15/2012	$78,908.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$473,451.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11000	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11000	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,869 vehicles covered during 1/1/2012 to 6/30/2012	**$3,934.50**
Auto Theft Authority Assessment for 6,655 vehicles covered during 7/1/2011 to 12/31/2011	**$3,327.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11030	MEMIC INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11030	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11044	GMAC INSURANCE COMPANY ONLINE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,348.19
4/15/2012	$18,348.19
5/15/2012	$18,348.19
6/15/2012	$18,348.19
7/15/2012	$18,348.19
8/15/2012	$18,348.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$110,089.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11044	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,407 vehicles covered during 7/1/2011 to 12/31/2011	**$3,703.50**
Auto Theft Authority Assessment for 11,858 vehicles covered during 1/1/2012 to 6/30/2012	**$5,929.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11049	GENWORTH MORTGAGE REINSURANCE 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11050	AMERISURE PARTNERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11050	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11054	MAIDEN REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11054	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-11054	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11062	PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11062	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11063	VEHICULAR SERVICE INSURANCE COMPANY, RISK RETENTION GRP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11075	LION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$554.27	
4/15/2012		$554.27	
5/15/2012		$554.27	
6/15/2012		$554.27	
7/15/2012		$554.27	
8/15/2012		$593.07	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,364.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11075	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11092	GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11092	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11092	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 148 vehicles covered during 1/1/2012 to 6/30/2012	**$74.00**
Auto Theft Authority Assessment for 33 vehicles covered during 7/1/2011 to 12/31/2011	**$16.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11114	ST. CHARLES INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11117	MARATHON FINANCIAL INSURANCE COMPANY, INC. A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11118	FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,674.07
4/15/2012	$4,674.07
5/15/2012	$4,674.07
6/15/2012	$4,674.07
7/15/2012	$4,674.07
8/15/2012	$4,674.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$28,044.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-11118	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-11118	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11118	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 166 vehicles covered during 1/1/2012 to 6/30/2012	**$83.00**
Auto Theft Authority Assessment for 391 vehicles covered during 7/1/2011 to 12/31/2011	**$195.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11121	UNIFIED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$415.70
4/15/2012	$415.70
5/15/2012	$415.70
6/15/2012	$415.70
7/15/2012	$415.70
8/15/2012	$415.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,494.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11121	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11121	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11123	SAFETY FIRST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11123	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11123	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11126	SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,741.46
4/15/2012	$3,741.46
5/15/2012	$3,741.46
6/15/2012	$3,741.46
7/15/2012	$3,741.46
8/15/2012	$3,741.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,448.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11126	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 642 vehicles covered during 7/1/2011 to 12/31/2011	**$321.00**
Auto Theft Authority Assessment for 731 vehicles covered during 1/1/2012 to 6/30/2012	**$365.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11127	PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11127	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	11134	FIDELITY FIRST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11134	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11134	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11145	GOLDEN INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11150	ARCH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,240.94
4/15/2012	$3,240.94
5/15/2012	$1,620.47
6/15/2012	$1,620.47
7/15/2012	$1,620.47
8/15/2012	$1,620.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,963.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11150	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11150	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,406 vehicles covered during 1/1/2012 to 6/30/2012	**$1,703.00**
Auto Theft Authority Assessment for 3,336 vehicles covered during 7/1/2011 to 12/31/2011	**$1,668.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11153	TITAN INSURANCE COMPANY, INC., A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11155	PRENEED REINSURANCE COMPANY OF AMERICA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11163	AVESIS INSURANCE INCORPORATED

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 56:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,109.58
4/15/2012	$9,109.58
5/15/2012	$9,109.58
6/15/2012	$9,109.58
7/15/2012	$9,109.58
8/15/2012	$9,109.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$54,657.48**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11177	FIRST FINANCIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11177	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11185	FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$145,830.80
4/15/2012	$145,830.80
5/15/2012	$145,830.80
6/15/2012	$145,830.80
7/15/2012	$145,830.80
8/15/2012	$145,830.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$874,984.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11185	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11185	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-11185	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13,894 vehicles covered during 7/1/2011 to 12/31/2011	**$6,947.00**
Auto Theft Authority Assessment for 15,181 vehicles covered during 1/1/2012 to 6/30/2012	**$7,590.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11194	CAPITAL ASSURANCE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11197	NATIONAL INDEPENDENT TRUCKERS INS. CO., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11198	LOYA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11198	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11198	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-11198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11206	HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11206	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	11215	SAFECO INSURANCE COMPANY OF INDIANA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11215	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11215	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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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: 4/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**MR**	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 65:	**$4,500.00**
Annual Statement Filing Fee		**$0.00**
	TOTAL:	**$4,500.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11231	GENERALI (U.S. BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$574.50
4/15/2012	$574.50
5/15/2012	$574.50
6/15/2012	$574.50
7/15/2012	$574.50
8/15/2012	$574.50
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,447.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11231	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11231	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11231	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11242	ALLIED EASTERN INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11242	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11249	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: 4/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**MR**	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 65:	**$4,500.00**
Annual Statement Filing Fee		**$0.00**
	TOTAL:	**$4,500.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11255	CATERPILLAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,777.06
4/15/2012	$14,777.06
5/15/2012	$14,777.06
6/15/2012	$14,777.06
7/15/2012	$14,777.06
8/15/2012	$14,777.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$88,662.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11255	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11255	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11258	GEORGIA CASUALTY & SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11258	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11267	SECURITY AMERICA RISK RETENTION GROUP,INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11268	ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,022.49
4/15/2012	$5,022.49
5/15/2012	$5,022.49
6/15/2012	$5,022.49
7/15/2012	$5,022.49
8/15/2012	$5,022.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$30,134.94**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11347	SFM MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11347	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11371	GREAT WEST CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$31,101.20
4/15/2012	$31,101.20
5/15/2012	$31,101.20
6/15/2012	$31,101.20
7/15/2012	$31,101.20
8/15/2012	$31,101.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$186,607.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11371	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11445	UNITED NATIONAL CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11445	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11445	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11452	HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,589.67
4/15/2012	$1,589.67
5/15/2012	$1,589.67
6/15/2012	$1,589.67
7/15/2012	$1,589.67
8/15/2012	$1,589.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,538.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11452	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11452	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11499	CENSTAT CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11499	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11500	LENDERS PROTECTION ASSURANCE COMPANY RISK RETENTION GRP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	11512	EMPLOYERS COMPENSATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11512	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11513	PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,686.81
4/15/2012	$1,686.81
5/15/2012	$1,686.81
6/15/2012	$1,686.81
7/15/2012	$1,686.81
8/15/2012	$1,686.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,120.86**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11523	FIDELITY NATIONAL INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,635.64
4/15/2012	$1,635.64
5/15/2012	$1,635.64
6/15/2012	$1,635.64
7/15/2012	$1,635.64
8/15/2012	$1,635.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,813.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11523	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11531	CHC CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11534	AMERICAN TRUCKING AND TRANSPORTATION INS. CO., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11551	ENDURANCE REINSURANCE CORPORATION OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11551	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-11551	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11555	PACIFIC COMPENSATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11555	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11555	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11558	ASSURANCEAMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$22,703.11
4/15/2012	$22,703.11
5/15/2012	$22,703.11
6/15/2012	$22,703.11
7/15/2012	$22,703.11
8/15/2012	$22,703.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$136,218.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11558	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11558	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 21,137 vehicles covered during 7/1/2011 to 12/31/2011	**$10,568.50**
Auto Theft Authority Assessment for 17,530 vehicles covered during 1/1/2012 to 6/30/2012	**$8,765.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11573	ACCIDENT INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11573	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11573	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7 vehicles covered during 1/1/2012 to 6/30/2012	**$3.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11589	JAMESTOWN INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2012 to 6/30/2012	**$12.00**
Auto Theft Authority Assessment for 11 vehicles covered during 7/1/2011 to 12/31/2011	**$5.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11592	INTERNATIONAL FIDELITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,909.13	
4/15/2012		$3,919.13	
5/15/2012		$3,899.13	
6/15/2012		$3,909.13	
7/15/2012		$3,909.13	
8/15/2012		$3,909.13	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$23,454.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11592	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11595	MERCHANTS NATIONAL BONDING, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11598	APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11600	FRANK WINSTON CRUM INSURANCE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11600	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11603	CONTRACTORS INSURANCE CO. OF NORTH AMERICA, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$952.10
4/15/2012	$952.10
5/15/2012	$952.10
6/15/2012	$952.10
7/15/2012	$952.10
8/15/2012	$412.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,172.60**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11630	JEFFERSON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,572.02
4/15/2012	$14,572.02
5/15/2012	$14,572.02
6/15/2012	$14,572.02
7/15/2012	$14,572.02
8/15/2012	$14,572.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$87,432.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11630	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11630	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11665	OLD AMERICAN INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11665	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11671	PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11673	REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,168.00
4/15/2012	$4,168.00
5/15/2012	$4,168.00
6/15/2012	$4,168.00
7/15/2012	$4,168.00
8/15/2012	$4,168.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,008.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11673	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11673	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11673	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 393 vehicles covered during 1/1/2012 to 6/30/2012	**$196.50**
Auto Theft Authority Assessment for 292 vehicles covered during 7/1/2011 to 12/31/2011	**$146.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11680	ASPEN INSURANCE UK LIMITED (U.S. REINSURANCE TRUST)

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$0.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11702	ECHELON PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,478.51
4/15/2012	$3,478.51
5/15/2012	$3,478.51
6/15/2012	$3,478.51
7/15/2012	$3,478.51
8/15/2012	$3,478.51
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,871.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11702	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 585 vehicles covered during 1/1/2012 to 6/30/2012	**$292.50**
Auto Theft Authority Assessment for 405 vehicles covered during 7/1/2011 to 12/31/2011	**$202.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11710	ALLIED PROFESSIONALS INSURANCE COMPANY, RRG

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11711	ACCESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,446.62
4/15/2012	$8,447.76
5/15/2012	$8,447.76
6/15/2012	$8,447.76
7/15/2012	$8,447.76
8/15/2012	$8,447.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$50,685.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11711	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,547 vehicles covered during 1/1/2012 to 6/30/2012	**$1,273.50**
Auto Theft Authority Assessment for 2,427 vehicles covered during 7/1/2011 to 12/31/2011	**$1,213.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11738	INFINITY AUTO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,629.66
4/15/2012	$6,629.66
5/15/2012	$6,629.66
6/15/2012	$6,629.66
7/15/2012	$6,629.66
8/15/2012	$6,629.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,777.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11738	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11738	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11738	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,602 vehicles covered during 1/1/2012 to 6/30/2012	**$1,301.00**
Auto Theft Authority Assessment for 2,305 vehicles covered during 7/1/2011 to 12/31/2011	**$1,152.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11746	LIBERTY PERSONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-11746	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-11746	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11770	UNITED FINANCIAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$62,390.85
4/15/2012	$62,390.85
5/15/2012	$62,390.85
6/15/2012	$62,390.85
7/15/2012	$62,390.85
8/15/2012	$62,390.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$374,345.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11770	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13,310 vehicles covered during 1/1/2012 to 6/30/2012	**$6,655.00**
Auto Theft Authority Assessment for 13,570 vehicles covered during 7/1/2011 to 12/31/2011	**$6,785.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11798	CONTINUING CARE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,390.46
4/15/2012	$2,390.46
5/15/2012	$2,390.46
6/15/2012	$2,390.46
7/15/2012	$2,390.46
8/15/2012	$2,390.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,342.76**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11800	FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$26,261.25
4/15/2012	$26,261.25
5/15/2012	$26,261.25
6/15/2012	$26,261.25
7/15/2012	$26,261.25
8/15/2012	$26,261.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$157,567.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11800	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11800	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 828 vehicles covered during 1/1/2012 to 6/30/2012	**$414.00**
Auto Theft Authority Assessment for 749 vehicles covered during 7/1/2011 to 12/31/2011	**$374.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11805	ARIZONA AUTOMOBILE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,292.75
4/15/2012	$8,292.75
5/15/2012	$8,292.75
6/15/2012	$8,292.75
7/15/2012	$8,292.75
8/15/2012	$8,292.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$49,756.50**

Auto Theft Authority Assessment for 10,036 vehicles covered during 1/1/2012 to 6/30/2012	**$5,018.00**
Auto Theft Authority Assessment for 10,062 vehicles covered during 7/1/2011 to 12/31/2011	**$5,031.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11811	PROFESSIONAL SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11825	CARE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11832	HEALTH CARE INDUSTRY LIABILITY RECIPROCAL INS CO, RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$734.36
4/15/2012	$734.36
5/15/2012	$734.36
6/15/2012	$734.36
7/15/2012	$734.36
8/15/2012	$734.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,406.16**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11835	PARTNERRE AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-11835	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-11835	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11835	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11840	FAIRWAY PHYSICIANS INSURANCE COMPANY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,351.82
4/15/2012	$1,351.82
5/15/2012	$1,351.82
6/15/2012	$1,351.82
7/15/2012	$1,351.82
8/15/2012	$1,351.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,110.92**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11843	MEDICAL PROTECTIVE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,871.80
4/15/2012	$32,871.80
5/15/2012	$32,871.80
6/15/2012	$32,871.80
7/15/2012	$32,871.80
8/15/2012	$32,871.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$197,230.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11843	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11851	PROGRESSIVE ADVANCED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$677,240.85
4/15/2012	$677,240.85
5/15/2012	$677,240.85
6/15/2012	$677,240.85
7/15/2012	$677,240.85
8/15/2012	$677,240.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,063,445.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11851	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11851	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 288,552 vehicles covered during 7/1/2011 to 12/31/2011	**$144,276.00**
Auto Theft Authority Assessment for 300,110 vehicles covered during 1/1/2012 to 6/30/2012	**$150,055.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11853	RANCHERS AND FARMERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11853	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11853	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11855	PRIMERO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,747.25
4/15/2012	$6,747.25
5/15/2012	$6,747.25
6/15/2012	$6,747.25
7/15/2012	$6,747.25
8/15/2012	$6,747.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$40,483.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11855	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,364 vehicles covered during 1/1/2012 to 6/30/2012	**$2,182.00**
Auto Theft Authority Assessment for 8,051 vehicles covered during 7/1/2011 to 12/31/2011	**$4,025.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11858	PINNACLE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11860	COPIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11860	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11908	MERCURY CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$57,631.49
4/15/2012	$57,631.49
5/15/2012	$57,631.49
6/15/2012	$57,631.49
7/15/2012	$57,631.49
8/15/2012	$57,631.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$345,788.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11908	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-11908	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 18,832 vehicles covered during 7/1/2011 to 12/31/2011	**$9,416.00**
Auto Theft Authority Assessment for 19,780 vehicles covered during 1/1/2012 to 6/30/2012	**$9,890.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11941	GREEN HILLS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11947	LEWIS & CLARK LTC RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11950	HOME CONSTRUCTION INSURANCE COMPANY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11965	ALLEGIANT INSURANCE COMPANY, INC. RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,381.12
4/15/2012	$1,381.12
5/15/2012	$1,381.12
6/15/2012	$1,381.12
7/15/2012	$1,381.12
8/15/2012	$1,381.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,286.72**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11967	GENERAL STAR NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,015.37
4/15/2012	$1,015.37
5/15/2012	$1,015.37
6/15/2012	$1,015.37
7/15/2012	$1,015.37
8/15/2012	$1,015.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,092.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-11967	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-11967	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11973	PCH MUTUAL INSURANCE COMPANY, INC. A RISK RETENTION GRP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11976	CENTURION MEDICAL LIABILITY PROTECTIVE RRG, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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NAIC / Name	11978	WESTERN INSURANCE RISK RETENTION GROUP, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11991	NATIONAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,628.89
4/15/2012	$19,628.89
5/15/2012	$19,628.89
6/15/2012	$19,628.89
7/15/2012	$19,628.89
8/15/2012	$19,628.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$117,773.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-11991	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-11991	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-11991	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 228 vehicles covered during 7/1/2011 to 12/31/2011	**$114.00**
Auto Theft Authority Assessment for 339 vehicles covered during 1/1/2012 to 6/30/2012	**$169.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	11997	CATERPILLAR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-11997	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-11997	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12003	EMERGENCY MEDICINE PROFESSIONAL ASSURANCE CO. A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12018	INDEMNITY INSURANCE CORPORATION OF DC, RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,301.48
4/15/2012	$1,301.48
5/15/2012	$1,301.48
6/15/2012	$1,301.48
7/15/2012	$1,301.48
8/15/2012	$1,301.48
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,808.88**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12041	MBIA INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12041	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12068	NATIONAL GUARANTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

Auto Theft Authority Assessment for 92 vehicles covered during 7/1/2011 to 12/31/2011	**$46.00**
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2012 to 6/30/2012	**$30.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12147	MIDWEST PROVIDER INSURANCE COMPANY, A RRG, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12151	ARCADIAN HEALTH PLAN, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12151	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-12151	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12157	COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,985.34
4/15/2012	$10,985.34
5/15/2012	$10,985.34
6/15/2012	$10,985.34
7/15/2012	$10,985.34
8/15/2012	$10,985.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$65,912.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12157	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,656 vehicles covered during 7/1/2011 to 12/31/2011	**$828.00**
Auto Theft Authority Assessment for 1,973 vehicles covered during 1/1/2012 to 6/30/2012	**$986.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12166	ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP,INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12167	CHARITABLE SERVICE PROVIDERS RECIPROCAL RRG

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12171	AMERIGUARD RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12172	CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY (A RRG)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12177	COMPWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12177	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12180	CALIFORNIA MEDICAL GROUP INSURANCE COMPANY RRG

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12183	ORANGE COUNTY MEDICAL RECIPROCAL INSURANCE CO., A RRG

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12189	OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,367.16
4/15/2012	$2,367.16
5/15/2012	$2,367.16
6/15/2012	$2,367.16
7/15/2012	$2,367.16
8/15/2012	$2,367.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,202.96**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12190	AMERICAN PET INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,022.37
4/15/2012	$1,022.37
5/15/2012	$1,022.37
6/15/2012	$1,022.37
7/15/2012	$1,022.37
8/15/2012	$1,022.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,134.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12190	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12200	AMERICAN LIBERTY INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12200	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12209	RESTORATION RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12217	CANYON INSURANCE SERVICES, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 56:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$2,523.48	
4/15/2012		$2,523.48	
5/15/2012		$2,523.48	
6/15/2012		$2,523.48	
7/15/2012		$2,523.48	
8/15/2012		$2,523.48	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$15,140.88**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12223	SANTA FE AUTO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,082.34
4/15/2012	$17,082.34
5/15/2012	$17,082.34
6/15/2012	$17,082.34
7/15/2012	$17,082.34
8/15/2012	$17,082.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$102,494.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12223	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12223	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 17,196 vehicles covered during 7/1/2011 to 12/31/2011	**$8,598.00**
Auto Theft Authority Assessment for 7,491 vehicles covered during 1/1/2012 to 6/30/2012	**$3,745.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12236	HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12254	OMAHA INDEMNITY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12254	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-12254	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12254	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12256	UNITED INSURANCE COMPANY INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,903.04
4/15/2012	$29,903.04
5/15/2012	$29,903.04
6/15/2012	$29,903.04
7/15/2012	$29,903.04
8/15/2012	$87,003.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$236,518.25**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12256	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12256	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 28,165 vehicles covered during 7/1/2011 to 12/31/2011	**$14,082.50**
Auto Theft Authority Assessment for 35,183 vehicles covered during 1/1/2012 to 6/30/2012	**$17,591.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12260	CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12260	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12262	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,234.46
4/15/2012	$5,234.46
5/15/2012	$5,234.46
6/15/2012	$5,234.46
7/15/2012	$5,234.46
8/15/2012	$5,234.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$31,406.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12262	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12262	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 50 vehicles covered during 7/1/2011 to 12/31/2011	**$25.00**
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2012 to 6/30/2012	**$8.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12279	SCAN HEALTH PLAN ARIZONA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12280	UNITED CONTRACTORS INSURANCE COMPANY, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$563.75
4/15/2012	$563.75
5/15/2012	$563.75
6/15/2012	$563.75
7/15/2012	$563.75
8/15/2012	$563.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,382.50**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12293	NATIONAL CONTRACTORS INSURANCE COMPANY, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$540.79
4/15/2012	$540.79
5/15/2012	$540.79
6/15/2012	$540.79
7/15/2012	$540.79
8/15/2012	$540.79
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,244.74**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2012		$303.21
4/15/2012		$303.21
5/15/2012		$303.21
6/15/2012		$303.21
7/15/2012		$303.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$1,516.05**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12297	PETROLEUM CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12297	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12297	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12300	AMERICAN CONTRACTORS INS. CO., RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2011 to 12/31/2011	**$8.00**
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2012 to 6/30/2012	**$8.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12304	ACCIDENT FUND GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12304	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12305	ACCIDENT FUND NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12305	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12309	ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12309	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12319	PHILADELPHIA REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12319	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-12319	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12320	INNOVATIVE PHYSICIAN SOLUTIONS, A RISK RETENTION GROUP

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12321	AMERICAN CONTINENTAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,323.26
4/15/2012	$1,323.26
5/15/2012	$1,323.26
6/15/2012	$1,323.26
7/15/2012	$1,323.26
8/15/2012	$1,323.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,939.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12321	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12321	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12338	SEQUOIA INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12338	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12338	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12373	CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,836.90
4/15/2012	$1,836.90
5/15/2012	$1,836.90
6/15/2012	$1,836.90
7/15/2012	$1,836.90
8/15/2012	$1,836.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,021.40**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2011 to 12/31/2011	**$24.50**
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2012 to 6/30/2012	**$25.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12416	PROTECTIVE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12416	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12416	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12439	CHARTER REINSURANCE COMPANY, INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12491	ROCHDALE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-12491	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12491	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12497	PREFERRED CONTRACTORS INSURANCE COMPANY, RRG, LLC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,262.10
4/15/2012	$1,262.10
5/15/2012	$1,262.10
6/15/2012	$1,262.10
7/15/2012	$1,262.10
8/15/2012	$1,262.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,572.60**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12504	AMERIPRISE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12504	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-12504	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12504	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12508	LITTLE RIVER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12513	PROFESSIONAL LIABILITY INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12514	EDUCATORS HEALTH PLANS HEALTH, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12514	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-12514	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12515	EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,818.91
4/15/2012	$2,818.91
5/15/2012	$2,818.91
6/15/2012	$2,818.91
7/15/2012	$2,818.91
8/15/2012	$2,818.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,913.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12515	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12515	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12521	SAFEWAY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$79,856.84	
4/15/2012		$79,856.84	
5/15/2012		$79,856.84	
6/15/2012		$79,856.84	
7/15/2012		$79,856.84	
8/15/2012		$79,856.84	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$479,141.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12521	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12521	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 64,045 vehicles covered during 1/1/2012 to 6/30/2012	**$32,022.50**
Auto Theft Authority Assessment for 2,000 vehicles covered during 1/1/2012 to 6/30/2012	**$1,000.00**
Auto Theft Authority Assessment for 58,749 vehicles covered during 7/1/2011 to 12/31/2011	**$29,374.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12528	WADENA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12529	NATIONAL MEDICAL PROFESSIONAL RISK RETENTION GROUP, INC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$448.50
4/15/2012	$448.50
5/15/2012	$448.50
6/15/2012	$448.50
7/15/2012	$448.50
8/15/2012	$448.50
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,691.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12533	OPTICARE OF UTAH, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12533	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12533	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12536	HOMEOWNERS OF AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12536	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12536	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12548	AMERICAN AGRI-BUSINESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12548	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12575	SILVERSCRIPT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12575	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12575	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12577	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12577	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12577	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12599	INFINITY STANDARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,741.39
4/15/2012	$12,741.39
5/15/2012	$12,741.39
6/15/2012	$12,741.39
7/15/2012	$12,741.39
8/15/2012	$12,741.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$76,448.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12599	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6,284 vehicles covered during 7/1/2011 to 12/31/2011	**$3,142.00**
Auto Theft Authority Assessment for 8,624 vehicles covered during 1/1/2012 to 6/30/2012	**$4,312.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12613	PREMIER PHYSICIANS INSURANCE COMPANY, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12625	FORT WAYNE MEDICAL SURETY COMPANY,RISK RETENTION GROUP

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12631	AMERICAN BUILDERS INSURANCE COMPANY RRG, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12645	STANDARD CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$524.41	
4/15/2012		$524.41	
5/15/2012		$524.41	
6/15/2012		$524.41	
7/15/2012		$524.41	
8/15/2012		$524.41	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,146.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12645	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12645	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12718	DEVELOPERS SURETY AND INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,548.91
4/15/2012	$3,548.91
5/15/2012	$3,548.91
6/15/2012	$3,548.91
7/15/2012	$3,548.91
8/15/2012	$3,548.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,293.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12718	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12718	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12741	SCF PREMIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12747	ENVISION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12747	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-12747	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12750	EVERGREEN NATIONAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12750	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12754	MEDICUS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,875.95
4/15/2012	$8,875.95
5/15/2012	$8,875.95
6/15/2012	$8,875.96
7/15/2012	$8,875.95
8/15/2012	$8,875.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$53,255.71**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12754	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12754	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12759	GEOVERA SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12777	CHUBB INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12777	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12815	FINANCIAL GUARANTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12815	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12831	STATE NATIONAL INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,563.67
4/15/2012	$21,563.67
5/15/2012	$21,563.67
6/15/2012	$21,563.67
7/15/2012	$21,563.67
8/15/2012	$21,563.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$129,382.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12831	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12831	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 51 vehicles covered during 1/1/2012 to 6/30/2012	**$25.50**
Auto Theft Authority Assessment for 51 vehicles covered during 7/1/2011 to 12/31/2011	**$25.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12866	T.H.E. INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,918.99
4/15/2012	$2,918.99
5/15/2012	$2,918.99
6/15/2012	$2,918.99
7/15/2012	$2,918.99
8/15/2012	$2,918.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,513.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12866	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12866	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2011 to 12/31/2011	**$3.00**
Auto Theft Authority Assessment for 7 vehicles covered during 1/1/2012 to 6/30/2012	**$3.50**

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NAIC / Name	12870	SENTRUITY CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12870	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12873	PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$443.65
4/15/2012	$443.65
5/15/2012	$443.65
6/15/2012	$443.65
7/15/2012	$443.65
8/15/2012	$443.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,661.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-12873	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 56 vehicles covered during 7/1/2011 to 12/31/2011	**$28.00**
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2012 to 6/30/2012	**$30.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12879	PROGRESSIVE COMMERCIAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12879	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12890	EAGLE WEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,679.66
4/15/2012	$8,679.66
5/15/2012	$8,679.66
6/15/2012	$8,679.66
7/15/2012	$8,679.66
8/15/2012	$8,679.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$52,077.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12890	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 367 vehicles covered during 1/1/2012 to 6/30/2012	**$183.50**
Auto Theft Authority Assessment for 303 vehicles covered during 7/1/2011 to 12/31/2011	**$151.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12902	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12902	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12902	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12904	TOKIO MARINE & NICHIDO FIRE INS. CO., LTD. (U.S.BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,078.08
4/15/2012	$10,078.00
5/15/2012	$10,078.00
6/15/2012	$10,078.08
7/15/2012	$10,078.08
8/15/2012	$10,078.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$60,468.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-12904	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-12904	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12904	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,879 vehicles covered during 7/1/2011 to 12/31/2011	**$939.50**
Auto Theft Authority Assessment for 1,809 vehicles covered during 1/1/2012 to 6/30/2012	**$904.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12910	AMERICA'S 1ST CHOICE HEALTH PLANS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-12910	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-12910	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12915	URGENT CARE ASSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12917	PMI REINSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12963	21ST CENTURY INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12964	WELLCARE OF TEXAS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	12966	KEY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,714.09
4/15/2012	$5,714.09
5/15/2012	$5,714.09
6/15/2012	$5,714.09
7/15/2012	$5,714.09
8/15/2012	$5,714.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,284.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-12966	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-12966	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,794 vehicles covered during 7/1/2011 to 12/31/2011	**$2,897.00**
Auto Theft Authority Assessment for 9,767 vehicles covered during 1/1/2012 to 6/30/2012	**$4,883.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12988	SCRUBS MUTUAL ASSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	12995	PHP RISK RETENTION GROUP, LIMITED

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	12996	BIRD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LI**	LIFE INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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NAIC / Name	13010	BONDED BUILDERS INSURANCE COMPANY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	13014	LANCET INDEMNITY RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13018	DOCTOR'S & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$436.22
4/15/2012	$436.22
5/15/2012	$436.22
6/15/2012	$436.22
7/15/2012	$436.22
8/15/2012	$436.22
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,617.32**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13019	EASTERN ADVANTAGE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13019	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13019	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13021	UNITED FIRE & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$365.61
4/15/2012	$365.61
5/15/2012	$365.61
6/15/2012	$365.61
7/15/2012	$365.61
8/15/2012	$365.61
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,193.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13021	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13021	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13043	SCF GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13056	RLI INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$23,542.65
4/15/2012	$23,542.65
5/15/2012	$23,542.65
6/15/2012	$23,542.65
7/15/2012	$23,542.65
8/15/2012	$23,542.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$141,256.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-13056	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-13056	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13056	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 179 vehicles covered during 7/1/2011 to 12/31/2011	**$89.50**
Auto Theft Authority Assessment for 223 vehicles covered during 1/1/2012 to 6/30/2012	**$111.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13062	OLYMPIA RISK RETENTION GROUP, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13067	PROFESSIONALS RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,617.17
4/15/2012	$10,617.17
5/15/2012	$10,617.17
6/15/2012	$10,617.17
7/15/2012	$10,617.17
8/15/2012	$10,617.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$63,703.02**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13070	BERKSHIRE HATHAWAY ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13070	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13100	OMAHA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13100	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-13100	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13126	MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13126	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13137	VIKING INSURANCE COMPANY OF WISCONSIN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,378.76
4/15/2012	$9,378.76
5/15/2012	$9,378.76
6/15/2012	$9,378.76
7/15/2012	$9,378.76
8/15/2012	$9,378.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$56,272.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13137	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,820 vehicles covered during 1/1/2012 to 6/30/2012	**$2,410.00**
Auto Theft Authority Assessment for 6,295 vehicles covered during 7/1/2011 to 12/31/2011	**$3,147.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13161	COMMERCE WEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,132.89
4/15/2012	$16,132.89
5/15/2012	$16,132.89
6/15/2012	$16,132.89
7/15/2012	$16,132.89
8/15/2012	$16,132.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$96,797.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13161	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9,418 vehicles covered during 7/1/2011 to 12/31/2011	**$4,709.00**
Auto Theft Authority Assessment for 8,356 vehicles covered during 1/1/2012 to 6/30/2012	**$4,178.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13177	ARCOA RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$597.20
4/15/2012	$597.20
5/15/2012	$597.20
6/15/2012	$597.20
7/15/2012	$597.20
8/15/2012	$597.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,583.20**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13179	PROAIR RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13183	EAGLE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13183	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-13183	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13188	WESTERN SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,475.49
4/15/2012	$18,475.49
5/15/2012	$18,475.49
6/15/2012	$18,475.49
7/15/2012	$18,475.49
8/15/2012	$18,475.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$110,852.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13188	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13209	SCF WESTERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13210	SCF CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13234	WILSHIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,551.27
4/15/2012	$17,551.27
5/15/2012	$17,551.27
6/15/2012	$17,551.27
7/15/2012	$17,551.27
8/15/2012	$17,551.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$105,307.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-13234	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-13234	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2012 to 6/30/2012	**$17.50**
Auto Theft Authority Assessment for 89 vehicles covered during 7/1/2011 to 12/31/2011	**$44.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13242	TITAN INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$34,545.42
4/15/2012	$34,545.42
5/15/2012	$34,545.42
6/15/2012	$34,545.42
7/15/2012	$34,545.42
8/15/2012	$34,545.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$207,272.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13242	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 16,614 vehicles covered during 7/1/2011 to 12/31/2011	**$8,307.00**
Auto Theft Authority Assessment for 14,549 vehicles covered during 1/1/2012 to 6/30/2012	**$7,274.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13250	WORKMEN'S AUTO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13250	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13269	ZENITH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13269	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13285	ALLEGHENY CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$425.30	
4/15/2012		$425.30	
5/15/2012		$425.30	
6/15/2012		$425.30	
7/15/2012		$425.30	
8/15/2012		$425.30	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$2,551.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13285	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13307	LEXON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$2,686.16	
4/15/2012		$2,686.16	
5/15/2012		$2,686.16	
6/15/2012		$2,686.16	
7/15/2012		$2,686.16	
8/15/2012		$2,686.16	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$16,116.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13307	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13331	MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13331	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-13331	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2011 to 12/31/2011	**$5.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13412	AUSTIN MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$36,878.55
4/15/2012	$36,878.55
5/15/2012	$36,878.55
6/15/2012	$36,878.55
7/15/2012	$36,878.55
8/15/2012	$36,878.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$221,271.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13412	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13412	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9,086 vehicles covered during 7/1/2011 to 12/31/2011	**$4,543.00**
Auto Theft Authority Assessment for 5,942 vehicles covered during 1/1/2012 to 6/30/2012	**$2,971.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13420	BADGER MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,332.40
4/15/2012	$19,332.40
5/15/2012	$19,332.40
6/15/2012	$19,332.40
7/15/2012	$19,332.40
8/15/2012	$19,332.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$115,994.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-13420	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-13420	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13420	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,793 vehicles covered during 1/1/2012 to 6/30/2012	**$1,396.50**
Auto Theft Authority Assessment for 3,629 vehicles covered during 7/1/2011 to 12/31/2011	**$1,814.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13528	BROTHERHOOD MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,345.62
4/15/2012	$20,345.62
5/15/2012	$20,345.62
6/15/2012	$20,345.62
7/15/2012	$20,345.62
8/15/2012	$20,345.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$122,073.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-13528	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-13528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13528	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,126 vehicles covered during 1/1/2012 to 6/30/2012	**$563.00**
Auto Theft Authority Assessment for 1,154 vehicles covered during 7/1/2011 to 12/31/2011	**$577.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13544	CALIFORNIA CAPITAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13544	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13544	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13559	MUNICIPAL AND INFRASTRUCTURE ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13559	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13562	CAREMORE HEALTH PLAN OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13580	ARISE BOILER INSPECTION AND INSURANCE COMPANY RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13601	ECOLE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13613	COLLEGE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13625	WESTERN MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13625	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13625	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13634	ESSENT GUARANTY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,568.41
4/15/2012	$1,568.41
5/15/2012	$1,568.41
6/15/2012	$1,568.41
7/15/2012	$1,568.41
8/15/2012	$1,568.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,410.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13634	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13677	AFFILIATES INSURANCE RECIPROCAL, A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13703	GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13703	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13714	PHARMACISTS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,278.57
4/15/2012	$10,278.57
5/15/2012	$10,278.57
6/15/2012	$10,278.57
7/15/2012	$10,278.57
8/15/2012	$10,278.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$61,671.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13714	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13714	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,664 vehicles covered during 1/1/2012 to 6/30/2012	**$832.00**
Auto Theft Authority Assessment for 1,650 vehicles covered during 7/1/2011 to 12/31/2011	**$825.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13720	CROSSFIT RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	13722	KNIGHTBROOK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,860.48
4/15/2012	$1,860.48
5/15/2012	$1,860.48
6/15/2012	$1,860.48
7/15/2012	$1,860.48
8/15/2012	$1,860.48
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,162.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13722	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-13722	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-13722	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,327 vehicles covered during 1/1/2012 to 6/30/2012	**$2,163.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13730	SELECTIVE INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,523.11
4/15/2012	$1,523.11
5/15/2012	$1,523.11
6/15/2012	$1,523.11
7/15/2012	$1,523.11
8/15/2012	$1,523.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,138.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13730	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	13736	RED ROCK RISK RETENTION GROUP, INC.

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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NAIC / Name	13751	SCF AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13773	FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$178,541.86
4/15/2012	$178,541.86
5/15/2012	$178,541.86
6/15/2012	$178,541.86
7/15/2012	$178,541.86
8/15/2012	$178,541.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,071,251.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13773	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13773	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 52,847 vehicles covered during 1/1/2012 to 6/30/2012	**$26,423.50**
Auto Theft Authority Assessment for 53,090 vehicles covered during 7/1/2011 to 12/31/2011	**$26,545.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13791	AVIATION ALLIANCE INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	13792	NEW HOME WARRANTY INSURANCE CO., A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$408.59
4/15/2012	$408.59
5/15/2012	$408.59
6/15/2012	$408.59
7/15/2012	$408.59
8/15/2012	$408.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,451.54**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13838	FARMLAND MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,563.82
4/15/2012	$1,563.82
5/15/2012	$1,563.82
6/15/2012	$1,563.82
7/15/2012	$1,563.82
8/15/2012	$1,563.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,382.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-13838	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-13838	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13 vehicles covered during 7/1/2011 to 12/31/2011	**$6.50**
Auto Theft Authority Assessment for 91 vehicles covered during 1/1/2012 to 6/30/2012	**$45.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13893	COMMUNITY BLOOD CENTERS' EXCHANGE RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**IA**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**MU**	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13928	SCF INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13929	SCF NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13930	COMMONWEALTH CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

Auto Theft Authority Assessment for 22 vehicles covered during 7/1/2011 to 12/31/2011	**$11.00**
Auto Theft Authority Assessment for 1,506 vehicles covered during 1/1/2012 to 6/30/2012	**$753.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13935	FEDERATED MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,235.92
4/15/2012	$11,235.92
5/15/2012	$11,235.92
6/15/2012	$11,235.92
7/15/2012	$11,235.92
8/15/2012	$11,235.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$67,415.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-13935	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-13935	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13935	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,618 vehicles covered during 1/1/2012 to 6/30/2012	**$809.00**
Auto Theft Authority Assessment for 1,382 vehicles covered during 7/1/2011 to 12/31/2011	**$691.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13978	FLORISTS' MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$726.77
4/15/2012	$726.77
5/15/2012	$726.77
6/15/2012	$726.77
7/15/2012	$726.77
8/15/2012	$726.77
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,360.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13978	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2012 to 6/30/2012	**$9.50**
Auto Theft Authority Assessment for 31 vehicles covered during 7/1/2011 to 12/31/2011	**$15.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13986	FRANKENMUTH MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-13986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-13986	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	13993	STATE CAPITOL INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	14004	UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14010	CRUSADER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-14010	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-14010	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	14026	SUNLAND RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14062	MMIC RRG, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14084	LIVESTOCK MARKET ENHANCEMENT RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14108	PIA PROFESSIONAL LIABILITY INSURANCE COMPANY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14122	WESTERN CATHOLIC INSURANCE COMPANY, RRG INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,164.00
4/15/2012	$1,164.00
5/15/2012	$1,164.11
6/15/2012	$1,164.11
7/15/2012	$1,164.11
8/15/2012	$1,164.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,984.44**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14133	VALLEY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14133	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14133	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14135	RPX RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14137	GEICO SECURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14137	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14138	GEICO ADVANTAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14138	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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NAIC / Name	14139	GEICO CHOICE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14139	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14184	ACUITY, A MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$101,667.18
4/15/2012	$101,667.18
5/15/2012	$101,667.18
6/15/2012	$101,667.18
7/15/2012	$101,667.18
8/15/2012	$101,667.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$610,003.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-14184	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-14184	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 22,404 vehicles covered during 7/1/2011 to 12/31/2011	**$11,202.00**
Auto Theft Authority Assessment for 20,867 vehicles covered during 1/1/2012 to 6/30/2012	**$10,433.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14206	HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,508.94
4/15/2012	$1,508.94
5/15/2012	$1,508.94
6/15/2012	$1,508.94
7/15/2012	$1,508.94
8/15/2012	$1,508.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,053.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14206	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14207	SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

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

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

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

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14216	COPPERPOINT MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14240	FIRST NATIONAL TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14249	FOUNDERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,145.67
4/15/2012	$2,145.67
5/15/2012	$2,145.67
6/15/2012	$2,145.67
7/15/2012	$2,145.67
8/15/2012	$2,145.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,874.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14249	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14249	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14257	IMT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14265	INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,413.12
4/15/2012	$1,413.12
5/15/2012	$1,413.12
6/15/2012	$1,413.12
7/15/2012	$1,413.12
8/15/2012	$1,413.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,478.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14265	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14265	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 74 vehicles covered during 1/1/2012 to 6/30/2012	**$37.00**
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2011 to 12/31/2011	**$23.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14354	JEWELERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,291.15
4/15/2012	$5,291.15
5/15/2012	$5,291.15
6/15/2012	$5,291.15
7/15/2012	$5,291.15
8/15/2012	$5,291.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$31,746.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14354	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14354	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	14366	NASW RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14375	IRONSHORE RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14380	BUILD AMERICA MUTUAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**CI**	CASUALTY INSURER
		Entity Type	**MU**	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	14388	CHEROKEE GUARANTEE COMPANY, INC. A RISK RETENTION GROUP

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 1.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**RG**	RISK RETENTION GROUP
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	14395	TERRAFIRMA RISK RETENTION GROUP, LLC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14425	ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RRG, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14439	FIDUCIARIES RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14460	PODIATRY INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,427.54
4/15/2012	$4,427.54
5/15/2012	$4,427.54
6/15/2012	$4,427.54
7/15/2012	$4,427.54
8/15/2012	$4,427.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,565.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14460	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14494	MERCHANTS BONDING COMPANY (MUTUAL)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,302.00
4/15/2012	$13,302.00
5/15/2012	$13,302.00
6/15/2012	$13,302.00
7/15/2012	$13,302.00
8/15/2012	$13,302.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$79,812.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14494	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14508	MICHIGAN MILLERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14508	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14559	GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,505.66
4/15/2012	$1,505.66
5/15/2012	$1,505.66
6/15/2012	$1,505.66
7/15/2012	$1,505.66
8/15/2012	$1,505.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,033.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14559	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14559	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14591	MILWAUKEE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14591	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14591	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14648	MOUNTAIN STATES MUTUAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14648	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14702	EASTGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**PA**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14702	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-14702	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14761	MUTUAL OF ENUMCLAW INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14761	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14761	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14788	NGM INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,550.37
4/15/2012	$13,550.37
5/15/2012	$13,550.37
6/15/2012	$13,550.37
7/15/2012	$13,550.37
8/15/2012	$13,550.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$81,302.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14788	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-14788	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14974	PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,373.43
4/15/2012	$4,373.43
5/15/2012	$4,373.43
6/15/2012	$4,373.43
7/15/2012	$4,373.43
8/15/2012	$4,373.43
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,240.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-14974	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-14974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 295 vehicles covered during 7/1/2011 to 12/31/2011	**$147.50**
Auto Theft Authority Assessment for 266 vehicles covered during 1/1/2012 to 6/30/2012	**$133.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	14990	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-14990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-14990	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-14990	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15032	GUIDEONE MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,331.41
4/15/2012	$3,331.41
5/15/2012	$3,331.41
6/15/2012	$3,331.41
7/15/2012	$3,331.41
8/15/2012	$3,331.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,988.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15032	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-15032	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 286 vehicles covered during 1/1/2012 to 6/30/2012	**$143.00**
Auto Theft Authority Assessment for 277 vehicles covered during 7/1/2011 to 12/31/2011	**$138.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15059	PUBLIC SERVICE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,903.12
4/15/2012	$1,903.12
5/15/2012	$1,903.12
6/15/2012	$1,903.12
7/15/2012	$1,903.12
8/15/2012	$1,903.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,418.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15059	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15059	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15105	SAFETY NATIONAL CASUALTY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,248.91
4/15/2012	$15,248.91
5/15/2012	$15,248.91
6/15/2012	$15,248.91
7/15/2012	$15,248.91
8/15/2012	$15,248.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$91,493.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15105	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 210 vehicles covered during 7/1/2011 to 12/31/2011	**$105.00**
Auto Theft Authority Assessment for 467 vehicles covered during 1/1/2012 to 6/30/2012	**$233.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15130	ENCOMPASS INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,387.46
4/15/2012	$15,387.46
5/15/2012	$15,387.46
6/15/2012	$15,387.46
7/15/2012	$15,387.46
8/15/2012	$15,387.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$92,324.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15130	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,900 vehicles covered during 7/1/2011 to 12/31/2011	**$950.00**
Auto Theft Authority Assessment for 1,700 vehicles covered during 1/1/2012 to 6/30/2012	**$850.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15377	WESTERN NATIONAL MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-15377	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-15377	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15385	ONECIS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15385	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15385	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15474	NATIONAL LLOYDS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	LL	LLOYDS ASSOCIATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-15474	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-15474	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15563	SEABRIGHT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-15563	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-15563	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-15563	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15586	PRESERVER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$989.81	
4/15/2012		$989.81	
5/15/2012		$989.81	
6/15/2012		$989.81	
7/15/2012		$989.81	
8/15/2012		$989.81	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$5,938.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-15586	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-15586	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 231 vehicles covered during 1/1/2012 to 6/30/2012	**$115.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15610	AXIS SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-15610	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-15610	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15679	NATIONAL FIRE AND INDEMNITY EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15679	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15679	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2011 to 12/31/2011	**$10.00**
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2012 to 6/30/2012	**$10.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15865	NCMIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,341.27
4/15/2012	$5,341.27
5/15/2012	$5,341.27
6/15/2012	$5,341.27
7/15/2012	$5,341.27
8/15/2012	$5,341.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$32,047.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15865	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15873	UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$37,910.18
4/15/2012	$37,910.18
5/15/2012	$37,910.18
6/15/2012	$37,910.18
7/15/2012	$37,910.18
8/15/2012	$37,910.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$227,461.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-15873	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15911	AMERICAN MINING INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-15911	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-15911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15954	AMTRUST INSURANCE COMPANY OF KANSAS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$526.86
4/15/2012	$526.86
5/15/2012	$526.86
6/15/2012	$526.86
7/15/2012	$526.86
8/15/2012	$526.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,161.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15954	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15954	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2011 to 12/31/2011	**$5.00**
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2012 to 6/30/2012	**$27.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	15962	KANSAS BANKERS SURETY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-15962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-15962	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16063	UNITRIN AUTO AND HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-16063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16063	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16187	MOSAIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-16187	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-16187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16187	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16217	NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$707.30
4/15/2012	$707.30
5/15/2012	$707.30
6/15/2012	$707.30
7/15/2012	$707.30
8/15/2012	$707.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,243.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-16217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16217	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-16217	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 139 vehicles covered during 7/1/2011 to 12/31/2011	**$69.50**
Auto Theft Authority Assessment for 139 vehicles covered during 1/1/2012 to 6/30/2012	**$69.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16322	PROGRESSIVE DIRECT INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**OH**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16535	ZURICH AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$85,592.06
4/15/2012	$85,592.06
5/15/2012	$85,592.06
6/15/2012	$85,592.06
7/15/2012	$85,592.06
8/15/2012	$85,592.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$513,552.35**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16535	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-16535	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-16535	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 10,246 vehicles covered during 7/1/2011 to 12/31/2011	**$5,123.00**
Auto Theft Authority Assessment for 7,505 vehicles covered during 1/1/2012 to 6/30/2012	**$3,752.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16578	FIDELITY NATIONAL PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,295.33
4/15/2012	$3,295.33
5/15/2012	$3,295.33
6/15/2012	$3,295.33
7/15/2012	$3,295.33
8/15/2012	$3,295.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,771.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-16578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-16578	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-16578	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16608	NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,569.28	
4/15/2012		$3,569.28	
5/15/2012		$3,569.28	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,707.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-16608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16608	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16624	DARWIN NATIONAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,710.10
4/15/2012	$13,710.10
5/15/2012	$13,710.10
6/15/2012	$13,710.10
7/15/2012	$13,710.10
8/15/2012	$13,710.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$82,260.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16624	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-16624	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16659	UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF NC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16659	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16675	GENWORTH MORTGAGE INSURANCE CORPORATION OF N C

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16675	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16691	GREAT AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$40,220.00
4/15/2012	$40,220.00
5/15/2012	$40,220.00
6/15/2012	$40,220.00
7/15/2012	$40,220.00
8/15/2012	$40,220.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$241,320.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-16691	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-16691	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16691	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 542 vehicles covered during 7/1/2011 to 12/31/2011	**$271.00**
Auto Theft Authority Assessment for 346 vehicles covered during 1/1/2012 to 6/30/2012	**$173.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16705	DEALERS ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,054.02
4/15/2012	$2,054.02
5/15/2012	$2,054.02
6/15/2012	$2,054.02
7/15/2012	$2,054.02
8/15/2012	$2,054.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,324.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-16705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-16705	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16713	BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16713	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-16713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	16802	INFINITY SAFEGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16802	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-16802	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	16810	AMERICAN MERCURY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,017.97
4/15/2012	$2,017.97
5/15/2012	$2,017.97
6/15/2012	$2,017.97
7/15/2012	$2,017.97
8/15/2012	$2,017.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,107.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-16810	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-16810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17221	HOMESITE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CT**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-17221	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-17221	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-17221	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17230	ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$370,203.55
4/15/2012	$370,203.55
5/15/2012	$370,203.55
6/15/2012	$370,203.55
7/15/2012	$370,203.55
8/15/2012	$370,203.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,221,221.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-17230	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-17230	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-17230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 59,123 vehicles covered during 1/1/2012 to 6/30/2012	**$29,561.50**
Auto Theft Authority Assessment for 60,986 vehicles covered during 7/1/2011 to 12/31/2011	**$30,493.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17248	SAFEWAY PROPERTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-17248	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-17248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17370	NAUTILUS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,551.19
4/15/2012	$1,551.19
5/15/2012	$1,551.19
6/15/2012	$1,551.19
7/15/2012	$1,551.19
8/15/2012	$1,551.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,307.14**

Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2011 to 12/31/2011	**$7.00**
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2012 to 6/30/2012	**$12.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	17965	AMERICAN SENTINEL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-17965	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-17965	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-17965	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18023	STAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,860.52
4/15/2012	$7,860.52
5/15/2012	$7,860.52
6/15/2012	$7,860.52
7/15/2012	$7,860.52
8/15/2012	$7,860.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$47,163.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18023	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-18023	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-18023	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 280 vehicles covered during 1/1/2012 to 6/30/2012	**$140.00**
Auto Theft Authority Assessment for 201 vehicles covered during 7/1/2011 to 12/31/2011	**$100.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18031	TOPA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,155.86
4/15/2012	$1,155.86
5/15/2012	$1,155.86
6/15/2012	$1,155.86
7/15/2012	$1,155.86
8/15/2012	$1,155.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,935.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18031	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 645 vehicles covered during 1/1/2012 to 6/30/2012	**$322.50**
Auto Theft Authority Assessment for 595 vehicles covered during 7/1/2011 to 12/31/2011	**$297.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18058	PHILADELPHIA INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,362.57
4/15/2012	$17,362.57
5/15/2012	$17,362.57
6/15/2012	$17,362.57
7/15/2012	$17,362.57
8/15/2012	$17,362.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$104,175.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-18058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18058	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8,222 vehicles covered during 7/1/2011 to 12/31/2011	**$4,111.00**
Auto Theft Authority Assessment for 5,573 vehicles covered during 1/1/2012 to 6/30/2012	**$2,786.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18139	PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$106,702.83
4/15/2012	$106,702.83
5/15/2012	$106,702.83
6/15/2012	$106,702.83
7/15/2012	$106,702.83
8/15/2012	$106,702.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$640,216.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-18139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18139	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 93,685 vehicles covered during 7/1/2011 to 12/31/2011	**$46,842.50**
Auto Theft Authority Assessment for 106,160 vehicles covered during 1/1/2012 to 6/30/2012	**$53,080.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18279	BANKERS STANDARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,683.54
4/15/2012	$21,683.54
5/15/2012	$21,683.54
6/15/2012	$21,683.54
7/15/2012	$21,683.54
8/15/2012	$21,683.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$130,101.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18279	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-18279	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,918 vehicles covered during 1/1/2012 to 6/30/2012	**$1,459.00**
Auto Theft Authority Assessment for 5,916 vehicles covered during 7/1/2011 to 12/31/2011	**$2,958.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18287	ASSURED GUARANTY MUNICIPAL CORP.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,100.08
4/15/2012	$3,100.08
5/15/2012	$3,100.08
6/15/2012	$3,100.08
7/15/2012	$3,100.08
8/15/2012	$3,100.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,600.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18287	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18333	PEERLESS INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$120,270.09
4/15/2012	$120,270.09
5/15/2012	$120,270.09
6/15/2012	$120,270.09
7/15/2012	$120,270.09
8/15/2012	$120,270.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$721,620.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-18333	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18333	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9,259 vehicles covered during 1/1/2012 to 6/30/2012	**$4,629.50**
Auto Theft Authority Assessment for 10,548 vehicles covered during 7/1/2011 to 12/31/2011	**$5,274.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	18468	INDEMNITY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18468	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18468	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	18538	BANCINSURE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$385.48
4/15/2012	$385.48
5/15/2012	$385.48
6/15/2012	$385.48
7/15/2012	$385.48
8/15/2012	$385.48
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,312.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-18538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-18538	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-18538	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**
Auto Theft Authority Assessment for 15 vehicles covered during 7/1/2011 to 12/31/2011	**$7.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18600	USAA GENERAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$113,455.44	
4/15/2012		$113,455.44	
5/15/2012		$113,455.44	
6/15/2012		$113,455.44	
7/15/2012		$113,455.44	
8/15/2012		$113,455.44	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$680,732.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18600	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 36,045 vehicles covered during 1/1/2012 to 6/30/2012	**$18,022.50**
Auto Theft Authority Assessment for 16,532 vehicles covered during 1/1/2012 to 6/30/2012	**$8,266.00**
Auto Theft Authority Assessment for 36,045 vehicles covered during 7/1/2011 to 12/31/2011	**$18,022.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18619	PLATTE RIVER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,407.97
4/15/2012	$5,407.97
5/15/2012	$5,407.97
6/15/2012	$5,407.97
7/15/2012	$5,407.97
8/15/2012	$5,407.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$32,447.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-18619	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18619	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18694	GREAT MIDWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-18694	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-18694	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18694	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 11 vehicles covered during 1/1/2012 to 6/30/2012	**$5.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18708	AMBAC ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18708	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18732	PMI MORTGAGE ASSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18740	MGIC INDEMNITY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18740	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	18759	GENWORTH RESIDENTIAL MORTGAGE ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18759	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18767	CHURCH MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,771.67
4/15/2012	$18,771.67
5/15/2012	$18,771.67
6/15/2012	$18,771.67
7/15/2012	$18,771.67
8/15/2012	$18,771.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$112,630.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18767	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-18767	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-18767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 449 vehicles covered during 1/1/2012 to 6/30/2012	**$224.50**
Auto Theft Authority Assessment for 415 vehicles covered during 7/1/2011 to 12/31/2011	**$207.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18813	DENTISTS BENEFITS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,308.67
4/15/2012	$1,308.67
5/15/2012	$1,308.67
6/15/2012	$1,308.67
7/15/2012	$1,308.67
8/15/2012	$1,308.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,852.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18813	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	18864	FAIRMONT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18864	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18864	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18939	UNITED HERITAGE PROPERTY & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18939	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18939	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18953	CSE SAFEGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,547.93
4/15/2012	$8,547.93
5/15/2012	$8,547.93
6/15/2012	$8,547.93
7/15/2012	$8,547.93
8/15/2012	$8,547.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$51,287.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18953	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18953	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,377 vehicles covered during 7/1/2011 to 12/31/2011	**$688.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18961	CRESTBROOK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-18961	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-18961	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	18988	AUTO-OWNERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$88,408.42
4/15/2012	$88,408.42
5/15/2012	$88,408.42
6/15/2012	$88,408.42
7/15/2012	$88,408.42
8/15/2012	$88,408.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$530,450.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-18988	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-18988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-18988	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,527 vehicles covered during 7/1/2011 to 12/31/2011	**$2,763.50**
Auto Theft Authority Assessment for 6,357 vehicles covered during 1/1/2012 to 6/30/2012	**$3,178.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19038	TRAVELERS CASUALTY AND SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,781.88
4/15/2012	$1,781.88
5/15/2012	$1,781.88
6/15/2012	$1,781.88
7/15/2012	$1,781.88
8/15/2012	$1,781.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,691.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19038	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19038	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19038	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2011 to 12/31/2011	**$42.00**
Auto Theft Authority Assessment for 76 vehicles covered during 1/1/2012 to 6/30/2012	**$38.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19046	TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$46,696.54
4/15/2012	$46,696.54
5/15/2012	$46,696.54
6/15/2012	$46,696.54
7/15/2012	$46,696.54
8/15/2012	$46,696.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$280,179.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19046	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19046	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 820 vehicles covered during 7/1/2011 to 12/31/2011	**$410.00**
Auto Theft Authority Assessment for 894 vehicles covered during 1/1/2012 to 6/30/2012	**$447.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19062	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$37,020.86
4/15/2012	$37,020.86
5/15/2012	$37,020.86
6/15/2012	$37,020.86
7/15/2012	$37,020.86
8/15/2012	$37,020.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$222,125.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19062	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19062	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19070	STANDARD FIRE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$22,942.02
4/15/2012	$22,942.02
5/15/2012	$22,942.02
6/15/2012	$22,942.02
7/15/2012	$22,942.02
8/15/2012	$22,942.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$137,652.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19070	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19070	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,303 vehicles covered during 1/1/2012 to 6/30/2012	**$651.50**
Auto Theft Authority Assessment for 1,330 vehicles covered during 7/1/2011 to 12/31/2011	**$665.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19100	AMCO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$125,328.08
4/15/2012	$125,328.08
5/15/2012	$125,328.08
6/15/2012	$125,328.08
7/15/2012	$125,328.08
8/15/2012	$125,328.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$751,968.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19100	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19100	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 19,086 vehicles covered during 7/1/2011 to 12/31/2011	**$9,543.00**
Auto Theft Authority Assessment for 18,146 vehicles covered during 1/1/2012 to 6/30/2012	**$9,073.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19119	NATIONAL UNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19119	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19119	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,274 vehicles covered during 1/1/2012 to 6/30/2012	**$637.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19216	SOUTHERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,791.75
4/15/2012	$5,791.75
5/15/2012	$5,791.75
6/15/2012	$5,791.75
7/15/2012	$5,791.75
8/15/2012	$5,791.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,750.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19216	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19216	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19216	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6,494 vehicles covered during 7/1/2011 to 12/31/2011	**$3,247.00**
Auto Theft Authority Assessment for 6,825 vehicles covered during 1/1/2012 to 6/30/2012	**$3,412.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19224	ST. PAUL PROTECTIVE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$782.56
4/15/2012	$782.56
5/15/2012	$782.56
6/15/2012	$782.56
7/15/2012	$782.56
8/15/2012	$782.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,695.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19224	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19224	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19224	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 566 vehicles covered during 7/1/2011 to 12/31/2011	**$283.00**
Auto Theft Authority Assessment for 27 vehicles covered during 1/1/2012 to 6/30/2012	**$13.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19232	ALLSTATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$291,349.92
4/15/2012	$291,349.92
5/15/2012	$291,349.92
6/15/2012	$291,349.92
7/15/2012	$291,349.92
8/15/2012	$291,349.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,748,099.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19232	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19232	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 46,164 vehicles covered during 1/1/2012 to 6/30/2012	**$23,082.00**
Auto Theft Authority Assessment for 49,870 vehicles covered during 7/1/2011 to 12/31/2011	**$24,935.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19240	ALLSTATE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$264,245.62
4/15/2012	$264,245.62
5/15/2012	$264,245.62
6/15/2012	$264,245.62
7/15/2012	$264,245.62
8/15/2012	$264,245.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,585,473.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19240	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19240	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 23,906 vehicles covered during 7/1/2011 to 12/31/2011	**$11,953.00**
Auto Theft Authority Assessment for 24,272 vehicles covered during 1/1/2012 to 6/30/2012	**$12,136.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19275	AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,042,505.37
4/15/2012	$1,042,505.37
5/15/2012	$1,042,505.37
6/15/2012	$1,042,505.37
7/15/2012	$1,042,505.37
8/15/2012	$1,042,505.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,255,032.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19275	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19275	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19275	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 191,270 vehicles covered during 7/1/2011 to 12/31/2011	**$95,635.00**
Auto Theft Authority Assessment for 191,039 vehicles covered during 1/1/2012 to 6/30/2012	**$95,519.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19283	AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$65,911.20
4/15/2012	$65,911.20
5/15/2012	$65,911.20
6/15/2012	$65,911.20
7/15/2012	$65,911.20
8/15/2012	$65,911.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$395,467.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19283	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19283	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 18,943 vehicles covered during 1/1/2012 to 6/30/2012	**$9,471.50**
Auto Theft Authority Assessment for 19,221 vehicles covered during 7/1/2011 to 12/31/2011	**$9,610.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19305	ASSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,400.21
4/15/2012	$5,400.21
5/15/2012	$5,400.21
6/15/2012	$5,400.21
7/15/2012	$5,400.21
8/15/2012	$5,400.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$32,401.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19305	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19305	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 416 vehicles covered during 7/1/2011 to 12/31/2011	**$208.00**
Auto Theft Authority Assessment for 585 vehicles covered during 1/1/2012 to 6/30/2012	**$292.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19348	CAPSON PHYSICIANS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19348	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19356	MARYLAND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,857.48
4/15/2012	$12,857.48
5/15/2012	$12,857.48
6/15/2012	$12,857.48
7/15/2012	$12,857.48
8/15/2012	$12,857.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$77,144.87**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19356	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19356	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19356	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 395 vehicles covered during 7/1/2011 to 12/31/2011	**$197.50**
Auto Theft Authority Assessment for 379 vehicles covered during 1/1/2012 to 6/30/2012	**$189.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19372	NORTHERN INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$884.51
4/15/2012	$884.49
5/15/2012	$884.49
6/15/2012	$884.49
7/15/2012	$884.49
8/15/2012	$884.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,306.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19372	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19372	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19372	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 92 vehicles covered during 7/1/2011 to 12/31/2011	**$46.00**
Auto Theft Authority Assessment for 155 vehicles covered during 1/1/2012 to 6/30/2012	**$77.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19380	AMERICAN HOME ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,464.39
4/15/2012	$7,464.39
5/15/2012	$7,464.39
6/15/2012	$7,464.39
7/15/2012	$7,464.39
8/15/2012	$7,464.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$44,786.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19380	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19380	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19380	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 942 vehicles covered during 7/1/2011 to 12/31/2011	**$471.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19399	AIU INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,534.99
4/15/2012	$1,534.99
5/15/2012	$1,534.99
6/15/2012	$1,534.99
7/15/2012	$1,534.99
8/15/2012	$1,534.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,209.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19399	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19399	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19399	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19402	CHARTIS PROPERTY CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,982.35
4/15/2012	$30,982.35
5/15/2012	$30,982.35
6/15/2012	$30,982.35
7/15/2012	$30,982.35
8/15/2012	$30,982.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$185,894.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19402	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19402	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,358 vehicles covered during 7/1/2011 to 12/31/2011	**$679.00**
Auto Theft Authority Assessment for 1,822 vehicles covered during 1/1/2012 to 6/30/2012	**$911.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19410	COMMERCE AND INDUSTRY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$43,044.09
4/15/2012	$43,044.09
5/15/2012	$43,044.09
6/15/2012	$43,044.09
7/15/2012	$43,044.09
8/15/2012	$43,044.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$258,264.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19410	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19410	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 177 vehicles covered during 7/1/2011 to 12/31/2011	**$88.50**
Auto Theft Authority Assessment for 91 vehicles covered during 1/1/2012 to 6/30/2012	**$45.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19429	INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,540.27
4/15/2012	$19,540.27
5/15/2012	$19,540.27
6/15/2012	$19,540.27
7/15/2012	$19,540.27
8/15/2012	$19,540.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$117,241.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19429	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19429	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19429	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 884 vehicles covered during 7/1/2011 to 12/31/2011	**$442.00**
Auto Theft Authority Assessment for 361 vehicles covered during 1/1/2012 to 6/30/2012	**$180.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19445	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$219,787.49
4/15/2012	$219,787.49
5/15/2012	$219,787.49
6/15/2012	$219,787.49
7/15/2012	$219,787.49
8/15/2012	$219,787.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,318,724.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19445	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19445	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,759 vehicles covered during 7/1/2011 to 12/31/2011	**$1,379.50**
Auto Theft Authority Assessment for 1,829 vehicles covered during 1/1/2012 to 6/30/2012	**$914.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19453	TRANSATLANTIC REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19453	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19453	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19488	AMERISURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,959.26
4/15/2012	$8,959.26
5/15/2012	$8,959.26
6/15/2012	$8,959.26
7/15/2012	$8,959.26
8/15/2012	$8,959.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$53,755.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19488	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19488	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 929 vehicles covered during 1/1/2012 to 6/30/2012	**$464.50**
Auto Theft Authority Assessment for 1,753 vehicles covered during 7/1/2011 to 12/31/2011	**$876.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19489	ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**DE**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19496	UNITED FIRE & INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19496	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19518	CATLIN INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,944.46
4/15/2012	$15,944.46
5/15/2012	$15,944.46
6/15/2012	$15,944.46
7/15/2012	$15,944.46
8/15/2012	$15,944.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$95,666.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19518	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19518	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19526	TEXAS GENERAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19526	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19526	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19530	HALLMARK NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,223.88
4/15/2012	$1,223.88
5/15/2012	$1,223.88
6/15/2012	$1,223.88
7/15/2012	$1,223.88
8/15/2012	$1,223.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,343.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19530	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 456 vehicles covered during 7/1/2011 to 12/31/2011	**$228.00**
Auto Theft Authority Assessment for 321 vehicles covered during 1/1/2012 to 6/30/2012	**$160.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19615	AMERICAN RELIABLE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$37,131.32
4/15/2012	$37,131.32
5/15/2012	$37,131.36
6/15/2012	$37,131.32
7/15/2012	$36,602.85
8/15/2012	$36,602.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$221,731.02**

Auto Theft Authority Assessment for 785 vehicles covered during 1/1/2012 to 6/30/2012	**$392.50**
Auto Theft Authority Assessment for 744 vehicles covered during 7/1/2011 to 12/31/2011	**$372.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19623	AMERICAN SUMMIT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$40,000.00
4/15/2012	$40,000.00
5/15/2012	$40,000.00
6/15/2012	$40,000.00
7/15/2012	$40,000.00
8/15/2012	$40,000.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$240,000.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19623	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19623	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19631	AMERICAN ROAD INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$462.21
4/15/2012	$462.21
5/15/2012	$462.21
6/15/2012	$462.21
7/15/2012	$462.21
8/15/2012	$462.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,773.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19631	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19631	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 158 vehicles covered during 1/1/2012 to 6/30/2012	**$79.00**
Auto Theft Authority Assessment for 171 vehicles covered during 7/1/2011 to 12/31/2011	**$85.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19658	BRISTOL WEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19658	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	19682	HARTFORD FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$45,644.53
4/15/2012	$45,644.53
5/15/2012	$45,644.53
6/15/2012	$45,644.53
7/15/2012	$45,644.53
8/15/2012	$45,644.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$273,867.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19682	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19682	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20,088 vehicles covered during 7/1/2011 to 12/31/2011	**$10,044.00**
Auto Theft Authority Assessment for 3,062 vehicles covered during 1/1/2012 to 6/30/2012	**$1,531.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	19690	AMERICAN ECONOMY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,921.89
4/15/2012	$4,921.89
5/15/2012	$4,921.89
6/15/2012	$4,921.89
7/15/2012	$4,921.89
8/15/2012	$4,921.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,531.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19690	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 485 vehicles covered during 1/1/2012 to 6/30/2012	**$242.50**
Auto Theft Authority Assessment for 419 vehicles covered during 7/1/2011 to 12/31/2011	**$209.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	19704	AMERICAN STATES INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,558.83
4/15/2012	$6,558.83
5/15/2012	$6,558.83
6/15/2012	$6,558.83
7/15/2012	$6,558.83
8/15/2012	$6,558.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,352.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19704	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19704	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19704	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,015 vehicles covered during 7/1/2011 to 12/31/2011	**$507.50**
Auto Theft Authority Assessment for 924 vehicles covered during 1/1/2012 to 6/30/2012	**$462.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19712	AMERICAN STATES INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-19712	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19712	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19720	AMERICAN ALTERNATIVE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,223.82
4/15/2012	$33,223.82
5/15/2012	$33,223.82
6/15/2012	$33,223.82
7/15/2012	$33,223.82
8/15/2012	$33,223.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$199,342.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19720	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19720	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19720	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,190 vehicles covered during 7/1/2011 to 12/31/2011	**$1,095.00**
Auto Theft Authority Assessment for 1,112 vehicles covered during 1/1/2012 to 6/30/2012	**$556.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19801	ARGONAUT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,651.23
4/15/2012	$3,651.23
5/15/2012	$3,651.23
6/15/2012	$3,651.23
7/15/2012	$3,651.23
8/15/2012	$3,651.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,907.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19801	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 23 vehicles covered during 7/1/2011 to 12/31/2011	**$11.50**
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2012 to 6/30/2012	**$12.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19828	ARGONAUT-MIDWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$399.83
4/15/2012	$399.83
5/15/2012	$399.83
6/15/2012	$399.83
7/15/2012	$399.83
8/15/2012	$399.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,398.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19828	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19828	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19836	SELECT MARKETS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19836	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19844	ARGONAUT-SOUTHWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19844	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19852	FINANCIAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,193.17
4/15/2012	$2,193.17
5/15/2012	$2,193.17
6/15/2012	$2,193.17
7/15/2012	$2,193.17
8/15/2012	$2,193.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,159.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19852	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19852	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19852	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 917 vehicles covered during 7/1/2011 to 12/31/2011	**$458.50**
Auto Theft Authority Assessment for 741 vehicles covered during 1/1/2012 to 6/30/2012	**$370.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19860	ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,859.27
4/15/2012	$3,859.27
5/15/2012	$3,859.27
6/15/2012	$3,859.27
7/15/2012	$3,859.27
8/15/2012	$3,859.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,155.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19860	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 212 vehicles covered during 7/1/2011 to 12/31/2011	**$106.00**
Auto Theft Authority Assessment for 69 vehicles covered during 1/1/2012 to 6/30/2012	**$34.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19879	SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19879	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19887	TRINITY UNIVERSAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-19887	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19917	LIBERTY INSURANCE UNDERWRITERS INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,079.98
4/15/2012	$21,079.98
5/15/2012	$21,079.98
6/15/2012	$21,079.98
7/15/2012	$21,079.98
8/15/2012	$21,079.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$126,479.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19917	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19917	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19917	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2011 to 12/31/2011	**$8.00**
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2012 to 6/30/2012	**$11.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19941	AMERICAN COMMERCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$27,738.86
4/15/2012	$27,738.86
5/15/2012	$27,738.86
6/15/2012	$27,738.86
7/15/2012	$27,738.86
8/15/2012	$27,738.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$166,433.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-19941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-19941	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-19941	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,875 vehicles covered during 1/1/2012 to 6/30/2012	**$2,937.50**
Auto Theft Authority Assessment for 6,378 vehicles covered during 7/1/2011 to 12/31/2011	**$3,189.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	19976	AMICA MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$63,805.00
4/15/2012	$63,805.00
5/15/2012	$63,805.00
6/15/2012	$63,805.00
7/15/2012	$63,805.00
8/15/2012	$63,805.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$382,830.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19976	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6,926 vehicles covered during 7/1/2011 to 12/31/2011	**$3,463.00**
Auto Theft Authority Assessment for 6,403 vehicles covered during 1/1/2012 to 6/30/2012	**$3,201.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	19984	ACIG INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19984	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-19984	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	19992	AMERICAN SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-19992	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-19992	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-19992	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20044	BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20044	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20052	NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,009.64
4/15/2012	$4,009.64
5/15/2012	$4,009.64
6/15/2012	$4,009.64
7/15/2012	$4,009.64
8/15/2012	$4,009.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$24,057.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20052	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 539 vehicles covered during 7/1/2011 to 12/31/2011	**$269.50**
Auto Theft Authority Assessment for 547 vehicles covered during 1/1/2012 to 6/30/2012	**$273.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20087	NATIONAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,575.47
4/15/2012	$8,575.47
5/15/2012	$8,575.47
6/15/2012	$8,575.47
7/15/2012	$8,575.47
8/15/2012	$8,575.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$51,452.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20087	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20087	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20087	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 317 vehicles covered during 1/1/2012 to 6/30/2012	**$158.50**
Auto Theft Authority Assessment for 311 vehicles covered during 7/1/2011 to 12/31/2011	**$155.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20095	BITUMINOUS CASUALTY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,087.96
4/15/2012	$2,087.96
5/15/2012	$2,087.96
6/15/2012	$2,087.96
7/15/2012	$2,087.96
8/15/2012	$2,087.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,527.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20095	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20095	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 218 vehicles covered during 1/1/2012 to 6/30/2012	**$109.00**
Auto Theft Authority Assessment for 123 vehicles covered during 7/1/2011 to 12/31/2011	**$61.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20109	BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$486.00
4/15/2012	$486.00
5/15/2012	$486.00
6/15/2012	$486.00
7/15/2012	$486.00
8/15/2012	$486.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,916.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20109	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 19 vehicles covered during 7/1/2011 to 12/31/2011	**$9.50**
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2012 to 6/30/2012	**$18.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20117	CALIFORNIA CASUALTY INDEMNITY EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,812.88
4/15/2012	$8,812.88
5/15/2012	$8,812.88
6/15/2012	$8,812.88
7/15/2012	$8,812.88
8/15/2012	$8,812.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$52,877.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20117	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20117	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20125	CALIFORNIA CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20125	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20125	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20141	NATIONAL TRUST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20141	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20141	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20222	ALL AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,837.02
4/15/2012	$4,837.02
5/15/2012	$4,837.02
6/15/2012	$4,837.02
7/15/2012	$4,837.02
8/15/2012	$4,837.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,022.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20222	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 76 vehicles covered during 7/1/2011 to 12/31/2011	**$38.00**
Auto Theft Authority Assessment for 154 vehicles covered during 1/1/2012 to 6/30/2012	**$77.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20230	CENTRAL MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$59,096.74
4/15/2012	$59,096.74
5/15/2012	$59,096.74
6/15/2012	$59,096.74
7/15/2012	$59,096.74
8/15/2012	$59,096.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$354,580.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20230	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 10,360 vehicles covered during 7/1/2011 to 12/31/2011	**$5,180.00**
Auto Theft Authority Assessment for 10,076 vehicles covered during 1/1/2012 to 6/30/2012	**$5,038.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20260	INFINITY SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$55,264.25
4/15/2012	$55,264.25
5/15/2012	$55,264.25
6/15/2012	$55,264.25
7/15/2012	$55,264.25
8/15/2012	$55,264.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$331,585.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20260	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 34,247 vehicles covered during 7/1/2011 to 12/31/2011	**$17,123.50**
Auto Theft Authority Assessment for 25,321 vehicles covered during 1/1/2012 to 6/30/2012	**$12,660.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20273	WRM AMERICA INDEMNITY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,490.36
4/15/2012	$2,490.36
5/15/2012	$2,490.36
6/15/2012	$2,490.36
7/15/2012	$2,490.36
8/15/2012	$2,490.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,942.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20273	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20273	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 75 vehicles covered during 7/1/2011 to 12/31/2011	**$37.50**
Auto Theft Authority Assessment for 75 vehicles covered during 1/1/2012 to 6/30/2012	**$37.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20281	FEDERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$170,458.67
4/15/2012	$170,458.67
5/15/2012	$170,458.67
6/15/2012	$170,458.67
7/15/2012	$170,458.67
8/15/2012	$170,458.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,022,752.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20281	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20281	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20281	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,023 vehicles covered during 1/1/2012 to 6/30/2012	**$511.50**
Auto Theft Authority Assessment for 854 vehicles covered during 7/1/2011 to 12/31/2011	**$427.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20303	GREAT NORTHERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$23,173.08
4/15/2012	$23,173.08
5/15/2012	$23,173.08
6/15/2012	$23,173.08
7/15/2012	$23,173.08
8/15/2012	$23,173.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$139,038.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20303	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20303	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20303	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 447 vehicles covered during 1/1/2012 to 6/30/2012	**$223.50**
Auto Theft Authority Assessment for 444 vehicles covered during 7/1/2011 to 12/31/2011	**$222.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20311	SYNCORA GUARANTEE INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**CI**	CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20311	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20346	PACIFIC INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$85,846.24
4/15/2012	$85,846.24
5/15/2012	$85,846.24
6/15/2012	$85,846.24
7/15/2012	$85,846.24
8/15/2012	$85,846.24
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$515,077.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20346	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20346	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,144 vehicles covered during 7/1/2011 to 12/31/2011	**$1,072.00**
Auto Theft Authority Assessment for 2,209 vehicles covered during 1/1/2012 to 6/30/2012	**$1,104.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20362	MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,065.76
4/15/2012	$6,065.76
5/15/2012	$6,065.76
6/15/2012	$6,065.76
7/15/2012	$6,065.76
8/15/2012	$6,065.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$36,394.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20362	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20362	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20362	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,339 vehicles covered during 7/1/2011 to 12/31/2011	**$1,669.50**
Auto Theft Authority Assessment for 3,428 vehicles covered during 1/1/2012 to 6/30/2012	**$1,714.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20370	AXIS REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,626.66
4/15/2012	$1,626.66
5/15/2012	$1,626.66
6/15/2012	$1,626.66
7/15/2012	$1,626.66
8/15/2012	$1,626.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,759.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20370	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20370	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20370	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20397	VIGILANT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,978.81
4/15/2012	$10,978.81
5/15/2012	$10,978.81
6/15/2012	$10,978.81
7/15/2012	$10,978.81
8/15/2012	$10,978.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$65,872.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20397	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20397	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20397	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 254 vehicles covered during 7/1/2011 to 12/31/2011	**$127.00**
Auto Theft Authority Assessment for 244 vehicles covered during 1/1/2012 to 6/30/2012	**$122.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20400	PROSELECT NATIONAL INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20419	HOMESITE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$38,340.35
4/15/2012	$38,340.35
5/15/2012	$38,340.35
6/15/2012	$38,340.35
7/15/2012	$38,340.35
8/15/2012	$38,340.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$230,042.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20419	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20419	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20427	AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,099.73
4/15/2012	$20,099.73
5/15/2012	$20,099.73
6/15/2012	$20,099.73
7/15/2012	$20,099.73
8/15/2012	$20,099.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$120,598.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20427	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20427	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20427	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 249 vehicles covered during 1/1/2012 to 6/30/2012	**$124.50**
Auto Theft Authority Assessment for 86 vehicles covered during 7/1/2011 to 12/31/2011	**$43.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20443	CONTINENTAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$177,345.83
4/15/2012	$177,345.83
5/15/2012	$177,345.83
6/15/2012	$177,345.83
7/15/2012	$177,345.83
8/15/2012	$177,345.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,064,074.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20443	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20443	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20443	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,986 vehicles covered during 7/1/2011 to 12/31/2011	**$993.00**
Auto Theft Authority Assessment for 2,156 vehicles covered during 1/1/2012 to 6/30/2012	**$1,078.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20451	MIDSTATES REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20451	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20451	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20451	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20478	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$24,979.86
4/15/2012	$24,979.86
5/15/2012	$24,979.86
6/15/2012	$24,979.86
7/15/2012	$24,979.86
8/15/2012	$24,979.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$149,879.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20478	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20478	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,018 vehicles covered during 7/1/2011 to 12/31/2011	**$509.00**
Auto Theft Authority Assessment for 946 vehicles covered during 1/1/2012 to 6/30/2012	**$473.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20494	TRANSPORTATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,048.01
4/15/2012	$11,048.01
5/15/2012	$11,048.01
6/15/2012	$11,048.01
7/15/2012	$11,048.01
8/15/2012	$11,048.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$66,288.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20494	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20494	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 366 vehicles covered during 7/1/2011 to 12/31/2011	**$183.00**
Auto Theft Authority Assessment for 500 vehicles covered during 1/1/2012 to 6/30/2012	**$250.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20508	VALLEY FORGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,836.08
4/15/2012	$32,836.08
5/15/2012	$32,836.08
6/15/2012	$32,836.08
7/15/2012	$32,836.08
8/15/2012	$32,836.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$197,016.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20508	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20508	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,960 vehicles covered during 7/1/2011 to 12/31/2011	**$980.00**
Auto Theft Authority Assessment for 1,925 vehicles covered during 1/1/2012 to 6/30/2012	**$962.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20516	EULER HERMES NORTH AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,975.10
4/15/2012	$2,975.10
5/15/2012	$2,975.10
6/15/2012	$2,975.10
7/15/2012	$2,975.10
8/15/2012	$2,975.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,850.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20516	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20532	CLARENDON NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$100.00	
4/15/2012		$118.25	
5/15/2012		$100.00	
6/15/2012		$100.00	
7/15/2012		$200.00	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$618.25**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20532	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20532	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20532	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2012 to 6/30/2012	**$17.50**
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2011 to 12/31/2011	**$24.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20559	GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,791.20	
4/15/2012		$3,791.20	
5/15/2012		$3,791.20	
6/15/2012		$3,791.20	
7/15/2012		$3,791.20	
8/15/2012		$3,791.20	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$22,747.20**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20583	XL REINSURANCE AMERICA INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20583	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20583	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20583	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20613	SPARTA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,704.73
4/15/2012	$8,704.73
5/15/2012	$8,704.73
6/15/2012	$8,704.73
7/15/2012	$8,704.73
8/15/2012	$8,704.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$52,228.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20613	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20613	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20613	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 954 vehicles covered during 7/1/2011 to 12/31/2011	**$477.00**
Auto Theft Authority Assessment for 1,062 vehicles covered during 1/1/2012 to 6/30/2012	**$531.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20621	ONEBEACON AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,109.32
4/15/2012	$33,109.32
5/15/2012	$33,109.32
6/15/2012	$33,109.32
7/15/2012	$33,109.32
8/15/2012	$33,109.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$198,655.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20621	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-20621	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 117 vehicles covered during 7/1/2011 to 12/31/2011	**$58.50**
Auto Theft Authority Assessment for 116 vehicles covered during 1/1/2012 to 6/30/2012	**$58.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	20648	EMPLOYERS' FIRE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,505.11
4/15/2012	$1,505.11
5/15/2012	$1,505.11
6/15/2012	$1,505.11
7/15/2012	$1,505.11
8/15/2012	$1,505.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,030.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20648	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20648	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2011 to 12/31/2011	**$8.00**
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2012 to 6/30/2012	**$3.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	20699	ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,906.30
4/15/2012	$11,906.30
5/15/2012	$11,906.30
6/15/2012	$11,906.30
7/15/2012	$11,906.30
8/15/2012	$11,906.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$71,437.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20699	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20699	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2012 to 6/30/2012	**$4.00**
Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2011 to 12/31/2011	**$8.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20702	ACE FIRE UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$445.08
4/15/2012	$445.08
5/15/2012	$445.08
6/15/2012	$445.08
7/15/2012	$445.08
8/15/2012	$445.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,670.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-20702	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-20702	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2011 to 12/31/2011	**$2.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20710	CENTURY INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20710	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20710	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20796	21ST CENTURY PREMIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$715.37
4/15/2012	$715.37
5/15/2012	$715.37
6/15/2012	$715.37
7/15/2012	$715.37
8/15/2012	$715.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,292.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20796	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20796	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-20796	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 279 vehicles covered during 7/1/2011 to 12/31/2011	**$139.50**
Auto Theft Authority Assessment for 214 vehicles covered during 1/1/2012 to 6/30/2012	**$107.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20931	ATLANTA INTERNATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-20931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-20931	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-20931	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20982	COUNTRY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,275.32
4/15/2012	$1,275.32
5/15/2012	$1,275.32
6/15/2012	$1,275.32
7/15/2012	$1,275.32
8/15/2012	$1,275.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,651.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20982	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20982	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 226 vehicles covered during 7/1/2011 to 12/31/2011	**$113.00**
Auto Theft Authority Assessment for 224 vehicles covered during 1/1/2012 to 6/30/2012	**$112.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	20990	COUNTRY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$84,691.11
4/15/2012	$84,691.11
5/15/2012	$84,691.11
6/15/2012	$84,691.11
7/15/2012	$84,691.11
8/15/2012	$84,691.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$508,146.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-20990	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-20990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,101 vehicles covered during 7/1/2011 to 12/31/2011	**$3,550.50**
Auto Theft Authority Assessment for 6,501 vehicles covered during 1/1/2012 to 6/30/2012	**$3,250.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21008	COUNTRY PREFERRED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$84,946.80
4/15/2012	$84,946.80
5/15/2012	$84,946.80
6/15/2012	$84,946.80
7/15/2012	$84,946.80
8/15/2012	$84,946.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$509,680.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21008	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21008	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 28,593 vehicles covered during 7/1/2011 to 12/31/2011	**$14,296.50**
Auto Theft Authority Assessment for 28,239 vehicles covered during 1/1/2012 to 6/30/2012	**$14,119.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21032	GLOBAL REINSURANCE CORPORATION OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21032	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21075	FINANCIAL AMERICAN PROPERTY AND CASUALTY IC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21075	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21075	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21105	NORTH RIVER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,127.88
4/15/2012	$2,127.88
5/15/2012	$2,127.88
6/15/2012	$2,127.88
7/15/2012	$2,127.88
8/15/2012	$2,127.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,767.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21105	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21105	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**
Auto Theft Authority Assessment for 17 vehicles covered during 1/1/2012 to 6/30/2012	**$8.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21113	UNITED STATES FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,830.54
4/15/2012	$12,830.54
5/15/2012	$12,830.54
6/15/2012	$12,830.54
7/15/2012	$12,830.54
8/15/2012	$12,830.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$76,983.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21113	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21113	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-21113	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 125 vehicles covered during 1/1/2012 to 6/30/2012	**$62.50**
Auto Theft Authority Assessment for 103 vehicles covered during 7/1/2011 to 12/31/2011	**$51.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21164	DAIRYLAND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,626.92
4/15/2012	$15,626.92
5/15/2012	$15,626.92
6/15/2012	$15,626.92
7/15/2012	$15,626.92
8/15/2012	$15,626.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$93,761.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21164	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21164	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,620 vehicles covered during 1/1/2012 to 6/30/2012	**$3,810.00**
Auto Theft Authority Assessment for 8,733 vehicles covered during 7/1/2011 to 12/31/2011	**$4,366.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21172	VANLINER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,325.14
4/15/2012	$2,325.14
5/15/2012	$2,325.14
6/15/2012	$2,325.14
7/15/2012	$2,325.14
8/15/2012	$2,325.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,950.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21172	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21172	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 271 vehicles covered during 1/1/2012 to 6/30/2012	**$135.50**
Auto Theft Authority Assessment for 324 vehicles covered during 7/1/2011 to 12/31/2011	**$162.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21180	SENTRY SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,228.82
4/15/2012	$10,228.82
5/15/2012	$10,228.82
6/15/2012	$10,228.82
7/15/2012	$10,228.82
8/15/2012	$10,228.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$61,372.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21180	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21180	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2011 to 12/31/2011	**$7.00**
Auto Theft Authority Assessment for 201 vehicles covered during 1/1/2012 to 6/30/2012	**$100.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21253	GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$100,558.55	
4/15/2012		$100,558.55	
5/15/2012		$100,558.55	
6/15/2012		$100,558.55	
7/15/2012		$100,558.55	
8/15/2012		$100,558.55	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$603,351.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21253	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21253	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 27,565 vehicles covered during 7/1/2011 to 12/31/2011	**$13,782.50**
Auto Theft Authority Assessment for 27,565 vehicles covered during 1/1/2012 to 6/30/2012	**$13,782.50**
Auto Theft Authority Assessment for -9,342 vehicles covered during 1/1/2012 to 6/30/2012	**($4,671.00)**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21261	ELECTRIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,936.88
4/15/2012	$29,936.88
5/15/2012	$29,936.88
6/15/2012	$29,936.88
7/15/2012	$29,936.88
8/15/2012	$29,936.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$179,621.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21261	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21261	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21261	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8,086 vehicles covered during 7/1/2011 to 12/31/2011	**$4,043.00**
Auto Theft Authority Assessment for 7,440 vehicles covered during 1/1/2012 to 6/30/2012	**$3,720.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21296	ALTERRA AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,242.51
4/15/2012	$2,242.51
5/15/2012	$2,242.51
6/15/2012	$2,242.51
7/15/2012	$2,242.51
8/15/2012	$2,242.51
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,455.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21296	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21296	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-21296	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21326	EMPIRE FIRE AND MARINE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$44,494.56
4/15/2012	$44,494.56
5/15/2012	$44,494.56
6/15/2012	$44,494.56
7/15/2012	$44,494.56
8/15/2012	$44,494.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$266,967.33**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21326	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21326	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-21326	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,580 vehicles covered during 1/1/2012 to 6/30/2012	**$790.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21407	EMCASCO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,006.26
4/15/2012	$7,006.26
5/15/2012	$7,006.26
6/15/2012	$7,006.26
7/15/2012	$7,006.26
8/15/2012	$7,006.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$42,037.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21407	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21407	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,138 vehicles covered during 7/1/2011 to 12/31/2011	**$569.00**
Auto Theft Authority Assessment for 1,478 vehicles covered during 1/1/2012 to 6/30/2012	**$739.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21415	EMPLOYERS MUTUAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$63,609.31
4/15/2012	$63,609.31
5/15/2012	$63,609.31
6/15/2012	$63,609.31
7/15/2012	$63,609.31
8/15/2012	$63,609.31
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$381,655.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21415	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21415	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,723 vehicles covered during 7/1/2011 to 12/31/2011	**$2,861.50**
Auto Theft Authority Assessment for 5,284 vehicles covered during 1/1/2012 to 6/30/2012	**$2,642.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21423	UNION INSURANCE COMPANY OF PROVIDENCE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,082.16
4/15/2012	$8,082.16
5/15/2012	$8,082.16
6/15/2012	$8,082.16
7/15/2012	$8,082.16
8/15/2012	$8,082.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$48,492.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21423	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21423	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,764 vehicles covered during 7/1/2011 to 12/31/2011	**$1,382.00**
Auto Theft Authority Assessment for 2,958 vehicles covered during 1/1/2012 to 6/30/2012	**$1,479.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21458	EMPLOYERS INSURANCE COMPANY OF WAUSAU

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,182.06
4/15/2012	$2,182.06
5/15/2012	$2,182.06
6/15/2012	$2,182.06
7/15/2012	$2,182.06
8/15/2012	$2,182.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,092.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21458	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-21458	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21458	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 216 vehicles covered during 1/1/2012 to 6/30/2012	**$108.00**
Auto Theft Authority Assessment for 36 vehicles covered during 7/1/2011 to 12/31/2011	**$18.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21482	FACTORY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$85,663.15
4/15/2012	$85,663.15
5/15/2012	$85,663.15
6/15/2012	$85,663.15
7/15/2012	$85,663.15
8/15/2012	$85,663.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$513,978.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21482	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21482	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21598	FARMERS INSURANCE COMPANY OF ARIZONA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,401,151.98
4/15/2012	$1,401,151.98
5/15/2012	$1,401,151.98
6/15/2012	$1,401,151.98
7/15/2012	$1,401,151.98
8/15/2012	$1,401,151.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,406,911.88**

Auto Theft Authority Assessment for 408,111 vehicles covered during 7/1/2011 to 12/31/2011	**$204,055.50**
Auto Theft Authority Assessment for 397,520 vehicles covered during 1/1/2012 to 6/30/2012	**$198,760.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21652	FARMERS INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$242,773.24
4/15/2012	$242,773.24
5/15/2012	$242,773.54
6/15/2012	$242,773.34
7/15/2012	$242,773.24
8/15/2012	$242,773.24
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,456,639.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21652	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21652	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,673 vehicles covered during 1/1/2012 to 6/30/2012	**$1,336.50**
Auto Theft Authority Assessment for 2,550 vehicles covered during 7/1/2011 to 12/31/2011	**$1,275.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21660	FIRE INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21660	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21687	MID-CENTURY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$66,086.10
4/15/2012	$66,086.10
5/15/2012	$66,086.10
6/15/2012	$66,086.10
7/15/2012	$66,086.10
8/15/2012	$66,086.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$396,516.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21687	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21687	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21687	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,039 vehicles covered during 1/1/2012 to 6/30/2012	**$3,519.50**
Auto Theft Authority Assessment for 6,803 vehicles covered during 7/1/2011 to 12/31/2011	**$3,401.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21709	TRUCK INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$60,910.78
4/15/2012	$60,910.78
5/15/2012	$60,910.78
6/15/2012	$60,910.78
7/15/2012	$60,910.78
8/15/2012	$60,910.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$365,464.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21709	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-21709	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21709	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,899 vehicles covered during 1/1/2012 to 6/30/2012	**$2,449.50**
Auto Theft Authority Assessment for 5,402 vehicles covered during 7/1/2011 to 12/31/2011	**$2,701.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21741	ESURANCE INSURANCE COMPANY OF NEW JERSEY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21741	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21741	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21784	FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,942.86
4/15/2012	$3,942.86
5/15/2012	$3,942.86
6/15/2012	$3,942.86
7/15/2012	$3,942.86
8/15/2012	$3,942.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,657.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21784	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21784	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,106 vehicles covered during 7/1/2011 to 12/31/2011	**$553.00**
Auto Theft Authority Assessment for 1,224 vehicles covered during 1/1/2012 to 6/30/2012	**$612.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21792	INFINITY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21792	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21792	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21830	NEW ENGLAND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21830	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21849	AMERICAN AUTOMOBILE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,424.91
4/15/2012	$25,424.91
5/15/2012	$25,424.91
6/15/2012	$25,424.91
7/15/2012	$25,424.91
8/15/2012	$25,424.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$152,549.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21849	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21849	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21849	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 283 vehicles covered during 7/1/2011 to 12/31/2011	**$141.50**
Auto Theft Authority Assessment for 190 vehicles covered during 1/1/2012 to 6/30/2012	**$95.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21857	AMERICAN INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$38,708.14
4/15/2012	$38,708.14
5/15/2012	$38,708.14
6/15/2012	$38,708.14
7/15/2012	$38,708.14
8/15/2012	$38,708.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$232,248.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21857	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21857	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 424 vehicles covered during 7/1/2011 to 12/31/2011	**$212.00**
Auto Theft Authority Assessment for 282 vehicles covered during 1/1/2012 to 6/30/2012	**$141.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21865	ASSOCIATED INDEMNITY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,922.31
4/15/2012	$2,922.31
5/15/2012	$2,922.31
6/15/2012	$2,922.31
7/15/2012	$2,922.31
8/15/2012	$2,922.31
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,533.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-21865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21865	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21865	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 45 vehicles covered during 1/1/2012 to 6/30/2012	**$22.50**
Auto Theft Authority Assessment for 76 vehicles covered during 7/1/2011 to 12/31/2011	**$38.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	21873	FIREMAN'S FUND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,289.93
4/15/2012	$28,289.93
5/15/2012	$28,289.93
6/15/2012	$28,289.93
7/15/2012	$28,289.93
8/15/2012	$28,289.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$169,739.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21873	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-21873	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,255 vehicles covered during 1/1/2012 to 6/30/2012	**$2,127.50**
Auto Theft Authority Assessment for 3,981 vehicles covered during 7/1/2011 to 12/31/2011	**$1,990.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21881	NATIONAL SURETY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,231.52
4/15/2012	$15,231.52
5/15/2012	$15,231.52
6/15/2012	$15,231.52
7/15/2012	$15,231.52
8/15/2012	$15,231.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$91,389.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21881	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21881	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21881	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,023 vehicles covered during 7/1/2011 to 12/31/2011	**$511.50**
Auto Theft Authority Assessment for 784 vehicles covered during 1/1/2012 to 6/30/2012	**$392.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21903	PROCENTURY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21903	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21903	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21911	SAN FRANCISCO REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-21911	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-21911	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21946	CAMDEN FIRE INSURANCE ASSOCIATION, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21946	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21946	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21962	PENNSYLVANIA GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21962	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21970	ONEBEACON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,411.42
4/15/2012	$2,411.42
5/15/2012	$2,411.42
6/15/2012	$2,411.42
7/15/2012	$2,411.42
8/15/2012	$2,411.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,468.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21970	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-21970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	21989	COMPASS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-21989	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-21989	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-21989	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22004	CIM INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22004	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22004	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22012	MOTORS INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	$135.00
Annual Statement Filing Fee	Code 28:	$300.00

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,871.46
4/15/2012	$1,871.46
5/15/2012	$1,871.46
6/15/2012	$1,871.46
7/15/2012	$1,871.46
8/15/2012	$1,871.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,228.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	$200.00
FRA13-22012	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$135.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22039	GENERAL REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,270.25
4/15/2012	$1,270.25
5/15/2012	$1,270.25
6/15/2012	$1,270.25
7/15/2012	$1,270.25
8/15/2012	$1,270.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,621.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22039	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22039	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22055	GEICO INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$283,590.29
4/15/2012	$283,590.29
5/15/2012	$283,590.29
6/15/2012	$283,590.29
7/15/2012	$283,590.29
8/15/2012	$283,590.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,701,541.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22055	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22055	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 122,463 vehicles covered during 7/1/2011 to 12/31/2011	**$61,231.50**
Auto Theft Authority Assessment for 110,107 vehicles covered during 1/1/2012 to 6/30/2012	**$55,053.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22063	GOVERNMENT EMPLOYEES INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$184,366.60
4/15/2012	$184,366.60
5/15/2012	$184,366.60
6/15/2012	$184,366.60
7/15/2012	$184,366.60
8/15/2012	$184,366.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,106,199.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22063	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22063	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 86,302 vehicles covered during 7/1/2011 to 12/31/2011	**$43,151.00**
Auto Theft Authority Assessment for 82,174 vehicles covered during 1/1/2012 to 6/30/2012	**$41,087.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22098	GRAIN DEALERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-22098	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22098	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3 vehicles covered during 7/1/2011 to 12/31/2011	**$1.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22136	GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,460.00
4/15/2012	$10,460.00
5/15/2012	$10,460.00
6/15/2012	$10,460.00
7/15/2012	$10,460.00
8/15/2012	$10,460.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$62,760.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22136	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22136	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 120 vehicles covered during 1/1/2012 to 6/30/2012	**$60.00**
Auto Theft Authority Assessment for 120 vehicles covered during 7/1/2011 to 12/31/2011	**$60.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22179	REPUBLIC INDEMNITY COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22179	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22179	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22187	GREATER NEW YORK MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$731.22
4/15/2012	$731.22
5/15/2012	$731.22
6/15/2012	$731.22
7/15/2012	$731.22
8/15/2012	$731.22
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,387.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-22187	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22187	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22209	FREEDOM SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22209	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22209	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22225	21ST CENTURY PREFERRED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,766.69
4/15/2012	$3,766.69
5/15/2012	$3,766.69
6/15/2012	$3,766.69
7/15/2012	$3,766.69
8/15/2012	$3,766.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,600.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22225	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22225	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22225	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,253 vehicles covered during 1/1/2012 to 6/30/2012	**$626.50**
Auto Theft Authority Assessment for 1,645 vehicles covered during 7/1/2011 to 12/31/2011	**$822.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22233	SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22233	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22233	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22241	MEDMARC CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,428.08
4/15/2012	$1,428.08
5/15/2012	$1,428.08
6/15/2012	$1,428.08
7/15/2012	$1,428.08
8/15/2012	$1,428.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,568.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22241	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22241	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22250	PATHFINDER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22250	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22268	INFINITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$83,770.65
4/15/2012	$83,770.65
5/15/2012	$83,770.65
6/15/2012	$83,770.65
7/15/2012	$83,770.65
8/15/2012	$83,770.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$502,623.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22268	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22268	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 60,903 vehicles covered during 1/1/2012 to 6/30/2012	**$30,451.50**
Auto Theft Authority Assessment for 52,666 vehicles covered during 7/1/2011 to 12/31/2011	**$26,333.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22276	STONEWALL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22276	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22276	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22292	HANOVER INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,722.90
4/15/2012	$16,722.90
5/15/2012	$16,722.90
6/15/2012	$16,722.90
7/15/2012	$16,722.90
8/15/2012	$16,722.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$100,337.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22292	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-22292	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-22292	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2012 to 6/30/2012	**$18.00**
Auto Theft Authority Assessment for 91 vehicles covered during 7/1/2011 to 12/31/2011	**$45.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22306	MASSACHUSETTS BAY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,755.57
4/15/2012	$12,755.57
5/15/2012	$12,755.57
6/15/2012	$12,755.57
7/15/2012	$12,755.57
8/15/2012	$12,755.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$76,533.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22306	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 22 vehicles covered during 7/1/2011 to 12/31/2011	**$11.00**
Auto Theft Authority Assessment for 17 vehicles covered during 1/1/2012 to 6/30/2012	**$8.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22314	RSUI INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,662.04
4/15/2012	$9,662.04
5/15/2012	$9,662.04
6/15/2012	$9,662.04
7/15/2012	$9,662.04
8/15/2012	$9,662.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$57,972.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22314	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22314	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22322	GREENWICH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,860.83
4/15/2012	$18,860.83
5/15/2012	$18,860.83
6/15/2012	$18,860.83
7/15/2012	$18,860.83
8/15/2012	$18,860.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$113,164.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22322	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-22322	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-22322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,674 vehicles covered during 7/1/2011 to 12/31/2011	**$837.00**
Auto Theft Authority Assessment for 1,813 vehicles covered during 1/1/2012 to 6/30/2012	**$906.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22357	HARTFORD ACCIDENT AND INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,414.04
4/15/2012	$4,414.04
5/15/2012	$4,414.04
6/15/2012	$4,414.04
7/15/2012	$4,414.04
8/15/2012	$4,414.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,484.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-22357	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22357	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22357	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 282 vehicles covered during 1/1/2012 to 6/30/2012	**$141.00**
Auto Theft Authority Assessment for 418 vehicles covered during 7/1/2011 to 12/31/2011	**$209.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22454	MENDAKOTA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22454	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22454	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22489	HIGHLANDS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22543	SECURA INSURANCE, A MUTUAL COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,497.00
4/15/2012	$32,497.00
5/15/2012	$32,497.00
6/15/2012	$32,497.00
7/15/2012	$32,497.00
8/15/2012	$32,497.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$194,982.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22543	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22543	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,987 vehicles covered during 1/1/2012 to 6/30/2012	**$1,993.50**
Auto Theft Authority Assessment for 3,537 vehicles covered during 7/1/2011 to 12/31/2011	**$1,768.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22551	MITSUI SUMITOMO INSURANCE USA INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,015.14
4/15/2012	$1,015.14
5/15/2012	$1,015.14
6/15/2012	$1,015.14
7/15/2012	$1,015.14
8/15/2012	$1,015.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,090.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22551	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 537 vehicles covered during 7/1/2011 to 12/31/2011	**$268.50**
Auto Theft Authority Assessment for 563 vehicles covered during 1/1/2012 to 6/30/2012	**$281.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22578	HORACE MANN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,726.38
4/15/2012	$3,726.38
5/15/2012	$3,726.38
6/15/2012	$3,726.38
7/15/2012	$3,726.38
8/15/2012	$3,726.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,358.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22578	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 700 vehicles covered during 7/1/2011 to 12/31/2011	**$350.00**
Auto Theft Authority Assessment for 976 vehicles covered during 1/1/2012 to 6/30/2012	**$488.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22594	MGIC ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22594	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22594	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22608	NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,267.97
4/15/2012	$7,267.97
5/15/2012	$7,267.97
6/15/2012	$7,267.97
7/15/2012	$7,267.97
8/15/2012	$7,267.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$43,607.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22608	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22667	ACE AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$224,473.78	
4/15/2012		$224,473.78	
5/15/2012		$224,473.78	
6/15/2012		$224,473.78	
7/15/2012		$224,473.78	
8/15/2012		$224,473.78	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,346,842.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22667	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22667	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22667	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9,056 vehicles covered during 1/1/2012 to 6/30/2012	**$4,528.00**
Auto Theft Authority Assessment for 9,402 vehicles covered during 7/1/2011 to 12/31/2011	**$4,701.00**
Auto Theft Authority Assessment for -12,242 vehicles covered during 1/1/2011 to 6/30/2011	**($6,121.00)**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22683	TEACHERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,906.27
4/15/2012	$6,906.27
5/15/2012	$6,906.27
6/15/2012	$6,906.27
7/15/2012	$6,906.27
8/15/2012	$6,906.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$41,437.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-22683	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-22683	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22683	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 723 vehicles covered during 1/1/2012 to 6/30/2012	**$361.50**
Auto Theft Authority Assessment for 786 vehicles covered during 7/1/2011 to 12/31/2011	**$393.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22705	R&Q REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22705	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-22705	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-22705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22713	INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22713	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-22713	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22730	ALLIED WORLD REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22730	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22730	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22748	PACIFIC EMPLOYERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22748	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22748	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22748	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22756	HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,659.98
4/15/2012	$11,659.98
5/15/2012	$11,659.98
6/15/2012	$11,659.98
7/15/2012	$11,659.98
8/15/2012	$11,659.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$69,959.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22756	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22756	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,908 vehicles covered during 1/1/2012 to 6/30/2012	**$1,954.00**
Auto Theft Authority Assessment for 4,089 vehicles covered during 7/1/2011 to 12/31/2011	**$2,044.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22772	INTEGON INDEMNITY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,406.07
4/15/2012	$8,406.07
5/15/2012	$8,406.07
6/15/2012	$8,406.07
7/15/2012	$8,406.07
8/15/2012	$8,406.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$50,436.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22772	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22772	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,796 vehicles covered during 1/1/2012 to 6/30/2012	**$1,898.00**
Auto Theft Authority Assessment for 2,968 vehicles covered during 7/1/2011 to 12/31/2011	**$1,484.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22810	CHICAGO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22810	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22837	AGCS MARINE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2012		$24,881.36
5/15/2012		$12,440.66
6/15/2012		$12,440.66
7/15/2012		$12,440.66
8/15/2012		$12,440.66
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$74,644.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22837	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22837	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22896	ACA FINANCIAL GUARANTY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22896	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22906	PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22906	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 124 vehicles covered during 1/1/2012 to 6/30/2012	**$62.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22918	AMERICAN MOTORISTS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-22918	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22918	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22918	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22926	ECONOMY FIRE & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22926	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22926	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	22950	ACSTAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-22950	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22977	LUMBERMENS MUTUAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-22977	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-22977	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-22977	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	22985	SEQUOIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,623.38
4/15/2012	$3,623.38
5/15/2012	$3,623.38
6/15/2012	$3,623.38
7/15/2012	$3,623.38
8/15/2012	$3,623.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,740.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-22985	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-22985	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 32 vehicles covered during 1/1/2012 to 6/30/2012	**$16.00**
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2011 to 12/31/2011	**$23.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23035	LIBERTY MUTUAL FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$275,655.91
4/15/2012	$275,655.91
5/15/2012	$275,655.91
6/15/2012	$275,655.91
7/15/2012	$275,655.91
8/15/2012	$275,655.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,653,935.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23035	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-23035	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-23035	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 66,647 vehicles covered during 1/1/2012 to 6/30/2012	**$33,323.50**
Auto Theft Authority Assessment for 67,260 vehicles covered during 7/1/2011 to 12/31/2011	**$33,630.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23043	LIBERTY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$203,216.23
4/15/2012	$203,216.23
5/15/2012	$203,216.23
6/15/2012	$203,216.23
7/15/2012	$203,216.23
8/15/2012	$203,216.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,219,297.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-23043	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-23043	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23043	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2011 to 12/31/2011	**$42.00**
Auto Theft Authority Assessment for 53 vehicles covered during 1/1/2012 to 6/30/2012	**$26.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23051	NEW MEXICO FOUNDATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23051	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23108	LUMBERMEN'S UNDERWRITING ALLIANCE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$994.71
4/15/2012	$994.71
5/15/2012	$994.71
6/15/2012	$994.71
7/15/2012	$994.71
8/15/2012	$994.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,968.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23108	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23108	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23132	R.V.I. NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23132	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23132	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-23132	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23248	OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,865.83
4/15/2012	$13,865.83
5/15/2012	$13,865.83
6/15/2012	$13,865.83
7/15/2012	$13,865.83
8/15/2012	$13,865.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$83,194.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23248	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-23248	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-23248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 132 vehicles covered during 1/1/2012 to 6/30/2012	**$66.00**
Auto Theft Authority Assessment for 750 vehicles covered during 7/1/2011 to 12/31/2011	**$375.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23264	INLAND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NE**	**Business Type**	**CI**	CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23264	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23280	CINCINNATI INDEMNITY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,857.94
4/15/2012	$4,857.94
5/15/2012	$4,857.94
6/15/2012	$4,857.94
7/15/2012	$4,857.94
8/15/2012	$4,857.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,147.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23280	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23353	MERIDIAN SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23353	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23353	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23396	AMERISURE MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,821.41
4/15/2012	$1,821.41
5/15/2012	$1,821.41
6/15/2012	$1,821.41
7/15/2012	$1,821.41
8/15/2012	$1,821.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,928.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23396	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23396	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 160 vehicles covered during 1/1/2012 to 6/30/2012	**$80.00**
Auto Theft Authority Assessment for 48 vehicles covered during 7/1/2011 to 12/31/2011	**$24.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23418	MID-CONTINENT CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$677.41
4/15/2012	$677.41
5/15/2012	$677.41
6/15/2012	$677.41
7/15/2012	$677.41
8/15/2012	$677.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,064.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23418	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23418	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2011 to 12/31/2011	**$5.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23434	MIDDLESEX INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23434	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23434	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-23434	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2012 to 6/30/2012	**$16.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23442	PATRIOT GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23442	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23442	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23450	AMERICAN FAMILY HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,977.15
4/15/2012	$7,977.15
5/15/2012	$7,977.15
6/15/2012	$7,977.15
7/15/2012	$7,977.15
8/15/2012	$7,977.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$47,862.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23450	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2012 to 6/30/2012	**$1.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23469	AMERICAN MODERN HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,413.34
4/15/2012	$25,413.34
5/15/2012	$25,413.34
6/15/2012	$25,413.34
7/15/2012	$25,413.34
8/15/2012	$25,413.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$152,480.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23469	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-23469	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-23469	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,514 vehicles covered during 1/1/2012 to 6/30/2012	**$2,757.00**
Auto Theft Authority Assessment for 5,204 vehicles covered during 7/1/2011 to 12/31/2011	**$2,602.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23540	MONTEREY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,348.27
4/15/2012	$12,348.27
5/15/2012	$12,348.27
6/15/2012	$12,348.27
7/15/2012	$12,348.27
8/15/2012	$12,348.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$74,089.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23540	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,393 vehicles covered during 1/1/2012 to 6/30/2012	**$1,196.50**
Auto Theft Authority Assessment for 2,075 vehicles covered during 7/1/2011 to 12/31/2011	**$1,037.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23574	MIDWEST FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23574	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23574	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23582	HARLEYSVILLE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23582	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23582	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23612	MIDWEST EMPLOYERS CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,510.87
4/15/2012	$2,510.87
5/15/2012	$2,510.87
6/15/2012	$2,510.87
7/15/2012	$2,510.87
8/15/2012	$2,510.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,065.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-23612	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-23612	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23612	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23655	MODERN SERVICE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23655	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23655	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23663	NATIONAL AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23663	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23663	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2012 to 6/30/2012	**$1.00**
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2011 to 12/31/2011	**$1.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23671	NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23671	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23680	ODYSSEY REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23680	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23680	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-23680	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23728	NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,313.07
4/15/2012	$6,313.07
5/15/2012	$6,313.07
6/15/2012	$6,313.07
7/15/2012	$6,313.07
8/15/2012	$6,313.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$37,878.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23728	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23728	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,369 vehicles covered during 1/1/2012 to 6/30/2012	**$1,184.50**
Auto Theft Authority Assessment for 2,557 vehicles covered during 7/1/2011 to 12/31/2011	**$1,278.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23736	DIRECT NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23736	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23736	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23752	QUANTA INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23752	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23752	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23779	NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,571.38
4/15/2012	$7,571.38
5/15/2012	$7,571.38
6/15/2012	$7,571.38
7/15/2012	$7,571.38
8/15/2012	$7,571.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$45,428.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-23779	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-23779	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23779	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23787	NATIONWIDE MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$45,584.45
4/15/2012	$45,584.45
5/15/2012	$45,584.45
6/15/2012	$45,584.45
7/15/2012	$45,584.45
8/15/2012	$45,584.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$273,506.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23787	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23787	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-23787	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 7,195 vehicles covered during 7/1/2011 to 12/31/2011	**$3,597.50**
Auto Theft Authority Assessment for 5,402 vehicles covered during 1/1/2012 to 6/30/2012	**$2,701.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23809	GRANITE STATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,182.98
4/15/2012	$8,182.98
5/15/2012	$8,182.98
6/15/2012	$8,182.98
7/15/2012	$8,182.98
8/15/2012	$8,182.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$49,097.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23809	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-23809	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-23809	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 289 vehicles covered during 1/1/2012 to 6/30/2012	**$144.50**
Auto Theft Authority Assessment for 213 vehicles covered during 7/1/2011 to 12/31/2011	**$106.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23817	ILLINOIS NATIONAL INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,320.64
4/15/2012	$12,320.64
5/15/2012	$12,320.64
6/15/2012	$12,320.64
7/15/2012	$12,320.64
8/15/2012	$12,320.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$73,923.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23817	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-23817	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2012 to 6/30/2012	**$13.00**
Auto Theft Authority Assessment for 189 vehicles covered during 7/1/2011 to 12/31/2011	**$94.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23825	NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**CI**	CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-23825	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23841	NEW HAMPSHIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,446.96
4/15/2012	$29,446.96
5/15/2012	$29,446.96
6/15/2012	$29,446.96
7/15/2012	$29,446.96
8/15/2012	$29,446.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$176,681.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-23841	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-23841	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23841	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,533 vehicles covered during 7/1/2011 to 12/31/2011	**$766.50**
Auto Theft Authority Assessment for 587 vehicles covered during 1/1/2012 to 6/30/2012	**$293.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23876	MAPFRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,947.37
4/15/2012	$21,947.37
5/15/2012	$21,947.37
6/15/2012	$21,947.37
7/15/2012	$21,947.37
8/15/2012	$21,947.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$131,684.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-23876	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-23876	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23876	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8,895 vehicles covered during 1/1/2012 to 6/30/2012	**$4,447.50**
Auto Theft Authority Assessment for 9,448 vehicles covered during 7/1/2011 to 12/31/2011	**$4,724.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	23914	NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE, WI

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-23914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-23914	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-23914	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24015	NORTHLAND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,700.23
4/15/2012	$15,700.23
5/15/2012	$15,700.23
6/15/2012	$15,700.23
7/15/2012	$15,700.23
8/15/2012	$15,700.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$94,201.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24015	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24015	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2012 to 6/30/2012	**$10.50**
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2011 to 12/31/2011	**$13.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24031	NORTHLAND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24031	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 40 vehicles covered during 1/1/2012 to 6/30/2012	**$20.00**
Auto Theft Authority Assessment for 38 vehicles covered during 7/1/2011 to 12/31/2011	**$19.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24047	SURETY BONDING COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24047	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24047	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24066	AMERICAN FIRE AND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,172.66
4/15/2012	$3,172.66
5/15/2012	$3,172.66
6/15/2012	$3,172.66
7/15/2012	$3,172.66
8/15/2012	$3,172.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,035.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24066	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24066	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 626 vehicles covered during 1/1/2012 to 6/30/2012	**$313.00**
Auto Theft Authority Assessment for 849 vehicles covered during 7/1/2011 to 12/31/2011	**$424.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24074	OHIO CASUALTY INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,607.72
4/15/2012	$10,607.72
5/15/2012	$10,607.72
6/15/2012	$10,607.72
7/15/2012	$10,607.72
8/15/2012	$10,607.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$63,646.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24074	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24074	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24074	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 292 vehicles covered during 7/1/2011 to 12/31/2011	**$146.00**
Auto Theft Authority Assessment for 258 vehicles covered during 1/1/2012 to 6/30/2012	**$129.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24082	OHIO SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24082	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24082	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 495 vehicles covered during 1/1/2012 to 6/30/2012	**$247.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24104	OHIO FARMERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24104	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24104	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24112	WESTFIELD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$55,592.13
4/15/2012	$55,592.13
5/15/2012	$55,592.13
6/15/2012	$55,592.13
7/15/2012	$55,592.13
8/15/2012	$55,592.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$333,552.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24112	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24112	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24112	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 492 vehicles covered during 1/1/2012 to 6/30/2012	**$246.00**
Auto Theft Authority Assessment for 648 vehicles covered during 7/1/2011 to 12/31/2011	**$324.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24120	WESTFIELD NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24120	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-24120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24120	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24139	OLD REPUBLIC GENERAL INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,616.82
4/15/2012	$2,616.82
5/15/2012	$2,616.82
6/15/2012	$2,616.82
7/15/2012	$2,616.82
8/15/2012	$2,616.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,700.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24139	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24139	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 455 vehicles covered during 1/1/2012 to 6/30/2012	**$227.50**
Auto Theft Authority Assessment for 290 vehicles covered during 7/1/2011 to 12/31/2011	**$145.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24147	OLD REPUBLIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$42,460.10
4/15/2012	$42,460.10
5/15/2012	$42,460.10
6/15/2012	$42,460.10
7/15/2012	$42,460.10
8/15/2012	$42,460.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$254,760.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24147	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24147	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24147	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 12,689 vehicles covered during 7/1/2011 to 12/31/2011	**$6,344.50**
Auto Theft Authority Assessment for 9,359 vehicles covered during 1/1/2012 to 6/30/2012	**$4,679.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24171	NETHERLANDS INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24171	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24171	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2012 to 6/30/2012	**$3.00**
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2011 to 12/31/2011	**$4.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24198	PEERLESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24198	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24198	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24201	FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24201	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24201	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 32 vehicles covered during 7/1/2011 to 12/31/2011	**$16.00**
Auto Theft Authority Assessment for 162 vehicles covered during 1/1/2012 to 6/30/2012	**$81.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24228	PEKIN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24228	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24228	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 581 vehicles covered during 1/1/2012 to 6/30/2012	**$290.50**
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2011 to 12/31/2011	**$10.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24260	PROGRESSIVE CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$79,620.45
4/15/2012	$79,620.45
5/15/2012	$79,620.45
6/15/2012	$79,620.45
7/15/2012	$79,620.45
8/15/2012	$79,620.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$477,722.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24260	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 40,462 vehicles covered during 1/1/2012 to 6/30/2012	**$20,231.00**
Auto Theft Authority Assessment for 39,217 vehicles covered during 7/1/2011 to 12/31/2011	**$19,608.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24279	PROGRESSIVE MAX INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24279	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24295	PROVIDENCE WASHINGTON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24295	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24295	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24325	YORK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24350	TRIAD GUARANTY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,881.57
4/15/2012	$9,881.57
5/15/2012	$9,881.57
6/15/2012	$9,881.57
7/15/2012	$9,881.57
8/15/2012	$9,881.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$59,289.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24350	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24376	AMERICAN GENERAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24376	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24376	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24384	FAIRMONT SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-24384	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-24384	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24384	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	24414	GENERAL CASUALTY COMPANY OF WISCONSIN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$598.78
4/15/2012	$598.78
5/15/2012	$598.78
6/15/2012	$598.78
7/15/2012	$598.78
8/15/2012	$598.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,592.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24414	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24414	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 51 vehicles covered during 1/1/2012 to 6/30/2012	**$25.50**
Auto Theft Authority Assessment for 58 vehicles covered during 7/1/2011 to 12/31/2011	**$29.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	24449	REGENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$462.64
4/15/2012	$462.64
5/15/2012	$462.64
6/15/2012	$462.64
7/15/2012	$462.64
8/15/2012	$462.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,775.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24449	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-24449	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-24449	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2012 to 6/30/2012	**$25.00**
Auto Theft Authority Assessment for 59 vehicles covered during 7/1/2011 to 12/31/2011	**$29.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	24465	WESTERN NATIONAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24465	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24465	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-24465	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24503	CATLIN INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24503	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24503	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24503	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24538	REPUBLIC UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24538	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24538	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2012 to 6/30/2012	**$13.00**
Auto Theft Authority Assessment for 23 vehicles covered during 7/1/2011 to 12/31/2011	**$11.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24554	XL INSURANCE AMERICA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,059.78
4/15/2012	$10,059.78
5/15/2012	$10,059.78
6/15/2012	$10,059.78
7/15/2012	$10,059.78
8/15/2012	$10,059.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$60,358.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24554	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24554	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2011 to 12/31/2011	**$10.00**
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2012 to 6/30/2012	**$12.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24678	ARROWOOD INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24678	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24678	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24678	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24724	FIRST NATIONAL INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,246.52
4/15/2012	$2,246.52
5/15/2012	$2,246.52
6/15/2012	$2,246.52
7/15/2012	$2,246.52
8/15/2012	$2,246.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,479.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24724	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 187 vehicles covered during 1/1/2012 to 6/30/2012	**$93.50**
Auto Theft Authority Assessment for 229 vehicles covered during 7/1/2011 to 12/31/2011	**$114.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24732	GENERAL INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,769.13
4/15/2012	$3,769.13
5/15/2012	$3,769.13
6/15/2012	$3,769.13
7/15/2012	$3,769.13
8/15/2012	$3,769.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,614.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24732	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24732	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24732	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 381 vehicles covered during 1/1/2012 to 6/30/2012	**$190.50**
Auto Theft Authority Assessment for 487 vehicles covered during 7/1/2011 to 12/31/2011	**$243.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24740	SAFECO INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$259,791.11
4/15/2012	$259,791.11
5/15/2012	$259,791.11
6/15/2012	$259,791.11
7/15/2012	$259,791.11
8/15/2012	$259,791.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,558,746.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24740	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-24740	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 76,692 vehicles covered during 1/1/2012 to 6/30/2012	**$38,346.00**
Auto Theft Authority Assessment for 66,791 vehicles covered during 7/1/2011 to 12/31/2011	**$33,395.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24759	SAFECO NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24759	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24767	ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,383.16
4/15/2012	$29,383.16
5/15/2012	$29,383.16
6/15/2012	$29,383.16
7/15/2012	$29,383.16
8/15/2012	$29,383.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$176,298.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24767	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-24767	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 726 vehicles covered during 7/1/2011 to 12/31/2011	**$363.00**
Auto Theft Authority Assessment for 771 vehicles covered during 1/1/2012 to 6/30/2012	**$385.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24775	ST. PAUL GUARDIAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$354.05
4/15/2012	$354.05
5/15/2012	$354.05
6/15/2012	$354.05
7/15/2012	$354.05
8/15/2012	$354.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,124.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24775	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24775	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24775	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2011 to 12/31/2011	**$42.00**
Auto Theft Authority Assessment for 143 vehicles covered during 1/1/2012 to 6/30/2012	**$71.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	24791	ST. PAUL MERCURY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,807.25
4/15/2012	$5,807.25
5/15/2012	$5,807.25
6/15/2012	$5,807.25
7/15/2012	$5,807.25
8/15/2012	$5,807.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,843.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24791	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24791	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24791	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 172 vehicles covered during 7/1/2011 to 12/31/2011	**$86.00**
Auto Theft Authority Assessment for 57 vehicles covered during 1/1/2012 to 6/30/2012	**$28.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24813	BALBOA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$46,179.88
4/15/2012	$46,179.88
5/15/2012	$46,179.88
6/15/2012	$46,179.88
7/15/2012	$46,179.88
8/15/2012	$46,179.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$277,079.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24813	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24813	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,563 vehicles covered during 7/1/2011 to 12/31/2011	**$781.50**
Auto Theft Authority Assessment for 1,052 vehicles covered during 1/1/2012 to 6/30/2012	**$526.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24821	MERITPLAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24821	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24821	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-24821	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24848	NEWPORT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,604.68
4/15/2012	$4,604.68
5/15/2012	$4,604.68
6/15/2012	$4,604.68
7/15/2012	$4,604.68
8/15/2012	$4,604.68
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,628.08**

Auto Theft Authority Assessment for 76 vehicles covered during 1/1/2012 to 6/30/2012	**$38.00**
Auto Theft Authority Assessment for 95 vehicles covered during 7/1/2011 to 12/31/2011	**$47.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24899	ALEA NORTH AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-24899	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-24899	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24961	EVERSPAN FINANCIAL GUARANTEE CORP.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24961	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	24988	SENTRY INSURANCE A MUTUAL COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,643.64
4/15/2012	$25,643.64
5/15/2012	$25,643.64
6/15/2012	$25,643.64
7/15/2012	$25,643.64
8/15/2012	$25,643.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$153,861.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-24988	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-24988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-24988	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,703 vehicles covered during 7/1/2011 to 12/31/2011	**$2,351.50**
Auto Theft Authority Assessment for 4,507 vehicles covered during 1/1/2012 to 6/30/2012	**$2,253.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25011	WESCO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,314.19
4/15/2012	$6,314.19
5/15/2012	$6,314.19
6/15/2012	$6,314.19
7/15/2012	$6,314.19
8/15/2012	$6,314.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$37,885.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25011	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25011	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25011	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 786 vehicles covered during 7/1/2011 to 12/31/2011	**$393.00**
Auto Theft Authority Assessment for 1,087 vehicles covered during 1/1/2012 to 6/30/2012	**$543.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25054	HUDSON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,846.74
4/15/2012	$13,846.74
5/15/2012	$13,846.74
6/15/2012	$13,846.74
7/15/2012	$13,846.74
8/15/2012	$13,846.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$83,080.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25054	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-25054	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 123 vehicles covered during 7/1/2011 to 12/31/2011	**$61.50**
Auto Theft Authority Assessment for 78 vehicles covered during 1/1/2012 to 6/30/2012	**$39.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25070	CLEARWATER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25070	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25070	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25089	COAST NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$200,308.57
4/15/2012	$200,308.57
5/15/2012	$200,308.57
6/15/2012	$200,308.57
7/15/2012	$200,308.57
8/15/2012	$200,308.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,201,851.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25089	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25089	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 89,613 vehicles covered during 1/1/2012 to 6/30/2012	**$44,806.50**
Auto Theft Authority Assessment for 95,154 vehicles covered during 7/1/2011 to 12/31/2011	**$47,577.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25127	STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,999.16
4/15/2012	$15,999.16
5/15/2012	$15,999.16
6/15/2012	$15,999.16
7/15/2012	$15,999.16
8/15/2012	$15,999.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$95,994.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25127	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,154 vehicles covered during 1/1/2012 to 6/30/2012	**$1,077.00**
Auto Theft Authority Assessment for 1,514 vehicles covered during 7/1/2011 to 12/31/2011	**$757.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	25135	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,978.69
4/15/2012	$5,978.69
5/15/2012	$5,978.69
6/15/2012	$5,978.69
7/15/2012	$5,978.69
8/15/2012	$5,978.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$35,872.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25135	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 355 vehicles covered during 1/1/2012 to 6/30/2012	**$177.50**
Auto Theft Authority Assessment for 377 vehicles covered during 7/1/2011 to 12/31/2011	**$188.50**

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NAIC / Name	25143	STATE FARM FIRE AND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,176,778.07
4/15/2012	$1,176,778.07
5/15/2012	$1,176,778.07
6/15/2012	$1,176,778.07
7/15/2012	$1,176,778.07
8/15/2012	$1,176,778.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,060,668.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25143	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25143	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25143	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 71,341 vehicles covered during 1/1/2012 to 6/30/2012	**$35,670.50**
Auto Theft Authority Assessment for 67,814 vehicles covered during 7/1/2011 to 12/31/2011	**$33,907.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25151	STATE FARM GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25151	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25151	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25151	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25178	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,884,475.85
4/15/2012	$1,884,475.85
5/15/2012	$1,884,475.85
6/15/2012	$1,884,475.85
7/15/2012	$1,884,475.85
8/15/2012	$1,884,475.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,306,855.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25178	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25178	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 740,112 vehicles covered during 1/1/2012 to 6/30/2012	**$370,056.00**
Auto Theft Authority Assessment for 727,725 vehicles covered during 7/1/2011 to 12/31/2011	**$363,862.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25180	FIDELITY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$36,601.87
4/15/2012	$36,601.87
5/15/2012	$36,601.87
6/15/2012	$36,601.87
7/15/2012	$36,601.87
8/15/2012	$36,601.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$219,611.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25180	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 960 vehicles covered during 7/1/2011 to 12/31/2011	**$480.00**
Auto Theft Authority Assessment for 442 vehicles covered during 1/1/2012 to 6/30/2012	**$221.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25186	EMC PROPERTY & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25186	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25186	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**ND**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25232	21ST CENTURY ADVANTAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$68,572.80
4/15/2012	$68,572.80
5/15/2012	$68,572.80
6/15/2012	$68,572.80
7/15/2012	$68,572.80
8/15/2012	$68,572.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$411,436.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25232	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-25232	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 33,104 vehicles covered during 7/1/2011 to 12/31/2011	**$16,552.00**
Auto Theft Authority Assessment for 41,646 vehicles covered during 1/1/2012 to 6/30/2012	**$20,823.00**

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NAIC / Name	25240	NAU COUNTRY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,696.44
4/15/2012	$1,696.44
5/15/2012	$1,696.44
6/15/2012	$1,696.44
7/15/2012	$1,696.44
8/15/2012	$1,696.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,178.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25240	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	25321	METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,961.76
4/15/2012	$3,961.76
5/15/2012	$3,961.76
6/15/2012	$3,961.76
7/15/2012	$3,961.76
8/15/2012	$3,961.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,770.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25321	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25321	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,061 vehicles covered during 1/1/2012 to 6/30/2012	**$530.50**
Auto Theft Authority Assessment for 1,177 vehicles covered during 7/1/2011 to 12/31/2011	**$588.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25364	SWISS REINSURANCE AMERICA CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25364	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25364	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25364	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25402	EMPLOYERS ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25402	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25405	SAFE AUTO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$42,499.60
4/15/2012	$42,499.60
5/15/2012	$42,499.60
6/15/2012	$42,499.60
7/15/2012	$42,499.60
8/15/2012	$42,499.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$254,997.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25405	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25405	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20,568 vehicles covered during 1/1/2012 to 6/30/2012	**$10,284.00**
Auto Theft Authority Assessment for 19,844 vehicles covered during 7/1/2011 to 12/31/2011	**$9,922.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25422	ATRADIUS TRADE CREDIT INSURANCE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$480.52
4/15/2012	$480.52
5/15/2012	$480.52
6/15/2012	$480.52
7/15/2012	$480.52
8/15/2012	$480.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,883.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25422	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25422	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25445	IRONSHORE SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,535.49
4/15/2012	$2,687.61
5/15/2012	$2,535.49
6/15/2012	$2,535.49
7/15/2012	$2,535.49
8/15/2012	$2,535.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,365.06**

Auto Theft Authority Assessment for 1,110 vehicles covered during 1/1/2012 to 6/30/2012	**$555.00**
Auto Theft Authority Assessment for 872 vehicles covered during 7/1/2011 to 12/31/2011	**$436.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25448	AMERICAN SAFETY RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$344.99
4/15/2012	$344.99
5/15/2012	$344.99
6/15/2012	$344.99
7/15/2012	$344.99
8/15/2012	$344.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,069.94**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25453	NATIONWIDE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$106,356.30
4/15/2012	$106,356.30
5/15/2012	$106,356.30
6/15/2012	$106,356.30
7/15/2012	$106,356.30
8/15/2012	$106,356.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$638,137.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25453	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26,810 vehicles covered during 1/1/2012 to 6/30/2012	**$13,405.00**
Auto Theft Authority Assessment for 29,236 vehicles covered during 7/1/2011 to 12/31/2011	**$14,618.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25496	TORUS NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$983.85	
4/15/2012		$983.85	
6/15/2012		$983.85	
7/15/2012		$983.85	
8/15/2012		$983.85	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,919.25**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25496	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-25496	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25518	FAIRMONT PREMIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25518	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25518	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25534	TIG INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25534	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25534	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25550	INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25550	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25585	PROFESSIONALS DIRECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$7,326.04	
4/15/2012		$7,326.04	
5/15/2012		$7,326.04	
6/15/2012		$7,326.04	
7/15/2012		$7,326.04	
8/15/2012		$7,326.04	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$43,956.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25585	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25585	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25615	CHARTER OAK FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$48,480.58
4/15/2012	$48,480.58
5/15/2012	$48,480.58
6/15/2012	$48,480.58
7/15/2012	$48,480.58
8/15/2012	$48,480.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$290,883.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25615	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25615	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,067 vehicles covered during 1/1/2012 to 6/30/2012	**$1,033.50**
Auto Theft Authority Assessment for 3,926 vehicles covered during 7/1/2011 to 12/31/2011	**$1,963.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25623	PHOENIX INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,739.09
4/15/2012	$28,739.09
5/15/2012	$28,739.09
6/15/2012	$28,739.09
7/15/2012	$28,739.09
8/15/2012	$28,739.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$172,434.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25623	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 258 vehicles covered during 7/1/2011 to 12/31/2011	**$129.00**
Auto Theft Authority Assessment for 273 vehicles covered during 1/1/2012 to 6/30/2012	**$136.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25658	TRAVELERS INDEMNITY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$80,690.20
4/15/2012	$80,690.20
5/15/2012	$80,690.20
6/15/2012	$80,690.20
7/15/2012	$80,690.20
8/15/2012	$80,690.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$484,141.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25658	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25658	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,202 vehicles covered during 7/1/2011 to 12/31/2011	**$601.00**
Auto Theft Authority Assessment for 450 vehicles covered during 1/1/2012 to 6/30/2012	**$225.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25666	TRAVELERS INDEMNITY COMPANY OF AMERICA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$27,322.78
4/15/2012	$27,322.78
5/15/2012	$27,322.78
6/15/2012	$27,322.78
7/15/2012	$27,322.78
8/15/2012	$27,322.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$163,936.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25666	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25666	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 838 vehicles covered during 7/1/2011 to 12/31/2011	**$419.00**
Auto Theft Authority Assessment for 863 vehicles covered during 1/1/2012 to 6/30/2012	**$431.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	25674	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$147,175.82
4/15/2012	$147,175.82
5/15/2012	$147,175.82
6/15/2012	$147,175.82
7/15/2012	$147,175.82
8/15/2012	$147,175.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$883,054.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25674	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25674	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,338 vehicles covered during 1/1/2012 to 6/30/2012	**$2,669.00**
Auto Theft Authority Assessment for 6,728 vehicles covered during 7/1/2011 to 12/31/2011	**$3,364.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25682	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,666.15
4/15/2012	$16,666.15
5/15/2012	$16,666.15
6/15/2012	$16,666.15
7/15/2012	$16,666.15
8/15/2012	$16,666.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$99,996.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25682	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25682	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 140 vehicles covered during 7/1/2011 to 12/31/2011	**$70.00**
Auto Theft Authority Assessment for 234 vehicles covered during 1/1/2012 to 6/30/2012	**$117.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25712	ESURANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$17,526.22	
4/15/2012		$17,526.22	
5/15/2012		$17,526.22	
6/15/2012		$17,526.22	
7/15/2012		$17,526.22	
8/15/2012		$17,526.22	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$105,157.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25712	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 67 vehicles covered during 1/1/2012 to 6/30/2012	**$33.50**
Auto Theft Authority Assessment for 4,475 vehicles covered during 7/1/2011 to 12/31/2011	**$2,237.50**
Auto Theft Authority Assessment for 3,665 vehicles covered during 1/1/2012 to 6/30/2012	**$1,832.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25747	UNIGARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$22,615.17
4/15/2012	$22,615.17
5/15/2012	$22,615.17
6/15/2012	$22,615.17
7/15/2012	$22,615.17
8/15/2012	$22,615.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$135,691.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25747	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25747	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25747	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,251 vehicles covered during 1/1/2012 to 6/30/2012	**$2,125.50**
Auto Theft Authority Assessment for 4,751 vehicles covered during 7/1/2011 to 12/31/2011	**$2,375.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25755	PEACHTREE CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25755	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25755	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25763	SEATON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25763	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-25763	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-25763	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25771	CIFG ASSURANCE NORTH AMERICA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25771	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25780	WILLIAMSBURG NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25780	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25780	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2011 to 12/31/2011	**$3.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25798	UNIGARD INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25798	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25798	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25844	UNION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,324.12
4/15/2012	$6,324.12
5/15/2012	$6,324.12
6/15/2012	$6,324.12
7/15/2012	$6,324.12
8/15/2012	$6,324.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$37,944.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25844	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,254 vehicles covered during 1/1/2012 to 6/30/2012	**$627.00**
Auto Theft Authority Assessment for 1,206 vehicles covered during 7/1/2011 to 12/31/2011	**$603.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25879	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25879	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25879	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25887	UNITED STATES FIDELITY AND GUARANTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25887	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-25887	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-25887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25895	UNITED STATES LIABILITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,104.43
4/15/2012	$8,104.43
5/15/2012	$8,104.43
6/15/2012	$8,104.43
7/15/2012	$8,104.43
8/15/2012	$8,104.43
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$48,626.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25895	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2012 to 6/30/2012	**$1.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25933	UNIVERSAL SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25933	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25941	UNITED SERVICES AUTOMOBILE ASSOCIATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$465,598.70	
4/15/2012		$465,598.70	
5/15/2012		$465,598.70	
6/15/2012		$465,598.70	
7/15/2012		$465,598.70	
8/15/2012		$465,598.70	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,793,592.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-25941	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 148,344 vehicles covered during 1/1/2012 to 6/30/2012	**$74,172.00**
Auto Theft Authority Assessment for -1,017 vehicles covered during 1/1/2012 to 6/30/2012	**($508.50)**
Auto Theft Authority Assessment for 148,344 vehicles covered during 7/1/2011 to 12/31/2011	**$74,172.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	25968	USAA CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$422,678.92	
4/15/2012		$422,678.92	
5/15/2012		$422,678.92	
6/15/2012		$422,678.92	
7/15/2012		$422,678.92	
8/15/2012		$422,678.92	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,536,073.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-25968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-25968	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 117,646 vehicles covered during 1/1/2012 to 6/30/2012	**$58,823.00**
Auto Theft Authority Assessment for -86 vehicles covered during 1/1/2012 to 6/30/2012	**($43.00)**
Auto Theft Authority Assessment for 117,646 vehicles covered during 7/1/2011 to 12/31/2011	**$58,823.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	25976	UTICA MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$448.98
4/15/2012	$448.98
5/15/2012	$448.98
6/15/2012	$448.98
7/15/2012	$448.98
8/15/2012	$448.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,693.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-25976	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-25976	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-25976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2012 to 6/30/2012	**$2.50**
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2011 to 12/31/2011	**$3.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26042	WAUSAU UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,928.84
4/15/2012	$12,928.84
5/15/2012	$12,928.84
6/15/2012	$12,928.84
7/15/2012	$12,928.84
8/15/2012	$12,928.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$77,573.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-26042	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-26042	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26042	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,632 vehicles covered during 7/1/2011 to 12/31/2011	**$816.00**
Auto Theft Authority Assessment for 1,868 vehicles covered during 1/1/2012 to 6/30/2012	**$934.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26050	RESPONSE WORLDWIDE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$867.45
4/15/2012	$867.45
5/15/2012	$867.45
6/15/2012	$867.45
7/15/2012	$867.45
8/15/2012	$867.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,204.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26050	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 351 vehicles covered during 1/1/2012 to 6/30/2012	**$175.50**
Auto Theft Authority Assessment for 422 vehicles covered during 7/1/2011 to 12/31/2011	**$211.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26069	WAUSAU BUSINESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,200.21
4/15/2012	$7,200.21
5/15/2012	$7,200.21
6/15/2012	$7,200.21
7/15/2012	$7,200.21
8/15/2012	$7,200.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$43,201.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26069	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 755 vehicles covered during 7/1/2011 to 12/31/2011	**$377.50**
Auto Theft Authority Assessment for 874 vehicles covered during 1/1/2012 to 6/30/2012	**$437.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26077	LANCER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,600.84
4/15/2012	$11,600.84
5/15/2012	$11,600.84
6/15/2012	$11,600.84
7/15/2012	$11,600.84
8/15/2012	$11,600.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$69,605.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26077	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 694 vehicles covered during 7/1/2011 to 12/31/2011	**$347.00**
Auto Theft Authority Assessment for 678 vehicles covered during 1/1/2012 to 6/30/2012	**$339.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26085	WARNER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,632.17
4/15/2012	$1,632.17
5/15/2012	$1,632.17
6/15/2012	$1,632.17
7/15/2012	$1,632.17
8/15/2012	$1,632.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,793.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26085	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26085	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 621 vehicles covered during 7/1/2011 to 12/31/2011	**$310.50**
Auto Theft Authority Assessment for 476 vehicles covered during 1/1/2012 to 6/30/2012	**$238.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26093	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,823.66
4/15/2012	$17,823.66
5/15/2012	$17,823.66
6/15/2012	$17,823.66
7/15/2012	$17,823.66
8/15/2012	$19,273.68
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$108,391.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26093	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26093	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-26093	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,164 vehicles covered during 1/1/2012 to 6/30/2012	**$1,582.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26220	YOSEMITE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,564.79
4/15/2012	$2,564.79
5/15/2012	$2,564.79
6/15/2012	$2,564.79
7/15/2012	$2,564.79
8/15/2012	$2,564.79
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,388.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26220	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-26220	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26247	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,108.76
4/15/2012	$33,108.76
5/15/2012	$33,108.76
6/15/2012	$33,108.76
7/15/2012	$33,108.76
8/15/2012	$33,108.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$198,652.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26247	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26247	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-26247	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 596 vehicles covered during 1/1/2012 to 6/30/2012	**$298.00**
Auto Theft Authority Assessment for 489 vehicles covered during 7/1/2011 to 12/31/2011	**$244.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26257	MUTUAL RISK RETENTION GROUP, INC. (THE)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,414.87
4/15/2012	$3,414.87
5/15/2012	$3,414.87
6/15/2012	$3,414.87
7/15/2012	$3,414.87
8/15/2012	$3,414.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,489.22**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26298	METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$86,515.07
4/15/2012	$86,515.07
5/15/2012	$86,515.07
6/15/2012	$86,515.07
7/15/2012	$86,515.07
8/15/2012	$86,515.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$519,090.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26298	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26298	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2012 to 6/30/2012	**$28.00**
Auto Theft Authority Assessment for 55 vehicles covered during 7/1/2011 to 12/31/2011	**$27.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26310	GRANITE RE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26310	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26344	GREAT AMERICAN ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,680.00
4/15/2012	$18,680.00
5/15/2012	$18,680.00
6/15/2012	$18,680.00
7/15/2012	$18,680.00
8/15/2012	$18,680.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$112,080.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26344	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26344	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2012 to 6/30/2012	**$7.00**
Auto Theft Authority Assessment for 46 vehicles covered during 7/1/2011 to 12/31/2011	**$23.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26379	ACCREDITED SURETY AND CASUALTY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,705.99
4/15/2012	$1,705.99
5/15/2012	$1,705.99
6/15/2012	$1,705.99
7/15/2012	$1,705.99
8/15/2012	$1,705.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,235.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26379	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26379	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26395	WESTERN HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26395	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26395	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26433	HARCO NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,665.71
4/15/2012	$1,665.71
5/15/2012	$1,665.71
6/15/2012	$1,665.71
7/15/2012	$1,665.71
8/15/2012	$1,665.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,994.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26433	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 163 vehicles covered during 7/1/2011 to 12/31/2011	**$81.50**
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2012 to 6/30/2012	**$13.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26492	COURTESY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,405.26
4/15/2012	$3,405.26
5/15/2012	$3,405.26
6/15/2012	$3,405.26
7/15/2012	$3,405.26
8/15/2012	$3,405.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,431.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26492	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26492	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26565	OHIO INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$460.85
4/15/2012	$460.85
5/15/2012	$460.85
6/15/2012	$460.85
7/15/2012	$460.85
8/15/2012	$460.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,765.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26565	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26565	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26581	INDEPENDENCE AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,270.99
4/15/2012	$11,270.99
5/15/2012	$11,270.99
6/15/2012	$11,270.99
7/15/2012	$11,270.99
8/15/2012	$11,270.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$67,625.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26581	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26581	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-26581	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26611	VALIANT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26611	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-26611	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-26611	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26654	GREAT NORTHWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,255.47
4/15/2012	$2,255.47
5/15/2012	$2,255.47
6/15/2012	$2,255.47
7/15/2012	$2,255.47
8/15/2012	$2,255.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,532.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26654	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26654	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,031 vehicles covered during 7/1/2011 to 12/31/2011	**$515.50**
Auto Theft Authority Assessment for 883 vehicles covered during 1/1/2012 to 6/30/2012	**$441.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26662	MILWAUKEE CASUALTY INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26662	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26662	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2012 to 6/30/2012	**$2.00**
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2011 to 12/31/2011	**$2.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26697	CASUALTY UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26697	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-26697	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26700	INSURANCE COMPANY OF ILLINOIS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-26700	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-26700	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26794	PLANS' LIABILITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26794	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26797	HOUSING AUTHORITY RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26832	GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,570.00
4/15/2012	$4,570.00
5/15/2012	$4,570.00
6/15/2012	$4,570.00
7/15/2012	$4,570.00
8/15/2012	$4,570.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,420.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26832	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26832	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 538 vehicles covered during 7/1/2011 to 12/31/2011	**$269.00**
Auto Theft Authority Assessment for 212 vehicles covered during 1/1/2012 to 6/30/2012	**$106.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26905	CENTURY-NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,866.34
4/15/2012	$16,866.34
5/15/2012	$16,866.34
6/15/2012	$16,866.34
7/15/2012	$16,866.34
8/15/2012	$16,866.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$101,198.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26905	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26905	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 492 vehicles covered during 1/1/2012 to 6/30/2012	**$246.00**
Auto Theft Authority Assessment for 460 vehicles covered during 7/1/2011 to 12/31/2011	**$230.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26921	EVEREST REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$327.02
4/15/2012	$327.02
5/15/2012	$327.02
6/15/2012	$327.02
7/15/2012	$327.02
8/15/2012	$327.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,962.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-26921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-26921	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-26921	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	26999	UNITED GUARANTY MORTGAGE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$896.60
4/15/2012	$896.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,793.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-26999	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27073	NIPPONKOA INSURANCE COMPANY, LIMITED (U.S. BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27073	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27073	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27081	BOND SAFEGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,382.95
4/15/2012	$2,382.95
5/15/2012	$2,382.95
6/15/2012	$2,382.95
7/15/2012	$2,382.95
8/15/2012	$2,382.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,297.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-27081	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27090	YOUNG AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,623.85
4/15/2012	$32,623.85
5/15/2012	$32,623.85
6/15/2012	$32,623.85
7/15/2012	$32,623.85
8/15/2012	$32,623.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$195,743.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-27090	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-27090	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 15,852 vehicles covered during 1/1/2012 to 6/30/2012	**$7,926.00**
Auto Theft Authority Assessment for 16,045 vehicles covered during 7/1/2011 to 12/31/2011	**$8,022.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27120	TRUMBULL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$167,643.20
4/15/2012	$167,643.20
5/15/2012	$167,643.20
6/15/2012	$167,643.20
7/15/2012	$167,643.20
8/15/2012	$167,643.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,005,859.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-27120	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-27120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27120	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 72,242 vehicles covered during 7/1/2011 to 12/31/2011	**$36,121.00**
Auto Theft Authority Assessment for 67,422 vehicles covered during 1/1/2012 to 6/30/2012	**$33,711.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27138	LUMBERMENS CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27138	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-27138	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27154	ATLANTIC SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$649.44
4/15/2012	$649.44
5/15/2012	$649.44
6/15/2012	$649.44
7/15/2012	$649.44
8/15/2012	$649.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,896.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27154	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-27154	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-27154	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2012 to 6/30/2012	**$17.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27251	PMI MORTGAGE INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$26,784.78
4/15/2012	$26,784.78
5/15/2012	$26,784.78
6/15/2012	$26,784.78
7/15/2012	$26,784.78
8/15/2012	$26,784.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$160,708.68**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27464	CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27464	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27499	SOUTHWEST GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,638.57
4/15/2012	$2,638.57
5/15/2012	$2,638.57
6/15/2012	$2,638.57
7/15/2012	$2,638.57
8/15/2012	$2,638.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,831.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27499	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 179 vehicles covered during 1/1/2012 to 6/30/2012	**$89.50**
Auto Theft Authority Assessment for 176 vehicles covered during 7/1/2011 to 12/31/2011	**$88.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27502	WESTERN GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,570.53
4/15/2012	$19,570.53
5/15/2012	$19,570.53
6/15/2012	$19,570.53
7/15/2012	$19,570.53
8/15/2012	$19,570.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$117,423.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27502	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 12,395 vehicles covered during 7/1/2011 to 12/31/2011	**$6,197.50**
Auto Theft Authority Assessment for 9,176 vehicles covered during 1/1/2012 to 6/30/2012	**$4,588.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27626	FIRSTCOMP INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27626	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27626	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27740	NORTH POINTE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$442.84
4/15/2012	$442.84
5/15/2012	$442.84
6/15/2012	$442.84
7/15/2012	$442.84
8/15/2012	$442.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,657.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27740	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27804	PROGRESSIVE WEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27804	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27812	COLUMBIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27812	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27812	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-27812	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27847	INSURANCE COMPANY OF THE WEST

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$509.97
4/15/2012	$509.97
5/15/2012	$509.97
6/15/2012	$509.97
7/15/2012	$509.97
8/15/2012	$509.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,059.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27847	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27855	ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$402.53
4/15/2012	$402.52
5/15/2012	$402.52
6/15/2012	$402.52
7/15/2012	$402.52
8/15/2012	$402.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,415.13**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-27855	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-27855	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2012 to 6/30/2012	**$16.50**
Auto Theft Authority Assessment for 29 vehicles covered during 7/1/2011 to 12/31/2011	**$14.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27871	WESTERN AGRICULTURAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$27,580.59
4/15/2012	$27,580.59
5/15/2012	$27,580.59
6/15/2012	$27,580.59
7/15/2012	$27,580.59
8/15/2012	$27,580.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$165,483.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27871	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-27871	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-27871	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8,075 vehicles covered during 1/1/2012 to 6/30/2012	**$4,037.50**
Auto Theft Authority Assessment for 7,616 vehicles covered during 7/1/2011 to 12/31/2011	**$3,808.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27928	AMEX ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,845.01
4/15/2012	$13,845.01
5/15/2012	$13,845.01
6/15/2012	$13,845.01
7/15/2012	$13,845.01
8/15/2012	$13,845.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$83,070.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-27928	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-27928	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-27928	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27944	NATIONAL INSURANCE ASSOCIATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-27944	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-27944	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	27998	TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$174,511.88
4/15/2012	$174,511.88
5/15/2012	$174,511.88
6/15/2012	$174,511.88
7/15/2012	$174,511.88
8/15/2012	$174,511.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,047,071.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-27998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-27998	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 36,071 vehicles covered during 1/1/2012 to 6/30/2012	**$18,035.50**
Auto Theft Authority Assessment for 33,781 vehicles covered during 7/1/2011 to 12/31/2011	**$16,890.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28053	ROCKHILL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,685.46
4/15/2012	$3,685.46
5/15/2012	$3,685.46
6/15/2012	$3,695.46
7/15/2012	$3,695.46
8/15/2012	$3,695.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,142.76**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28188	TRAVCO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28188	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28207	ANTHEM INSURANCE COMPANIES, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-28207	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-28207	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28207	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28223	NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,804.61
4/15/2012	$8,804.61
5/15/2012	$8,804.61
6/15/2012	$8,804.61
7/15/2012	$8,804.61
8/15/2012	$8,804.61
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$52,827.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28223	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28223	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 118 vehicles covered during 1/1/2012 to 6/30/2012	**$59.00**
Auto Theft Authority Assessment for 412 vehicles covered during 7/1/2011 to 12/31/2011	**$206.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28258	CONTINENTAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28258	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28304	FEDERATED SERVICE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,154.11
4/15/2012	$7,154.11
5/15/2012	$7,154.11
6/15/2012	$7,154.11
7/15/2012	$7,154.11
8/15/2012	$7,154.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$42,924.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-28304	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-28304	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-28304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,544 vehicles covered during 1/1/2012 to 6/30/2012	**$772.00**
Auto Theft Authority Assessment for 1,398 vehicles covered during 7/1/2011 to 12/31/2011	**$699.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28339	GATEWAY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$828.96
4/15/2012	$828.96
5/15/2012	$828.96
6/15/2012	$828.96
7/15/2012	$828.96
8/15/2012	$828.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,973.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28339	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2012 to 6/30/2012	**$11.00**
Auto Theft Authority Assessment for 94 vehicles covered during 7/1/2011 to 12/31/2011	**$47.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28401	AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$52,955.82
4/15/2012	$52,955.82
5/15/2012	$52,955.82
6/15/2012	$52,955.82
7/15/2012	$52,955.82
8/15/2012	$52,955.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$317,734.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28401	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28401	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-28401	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 15,234 vehicles covered during 7/1/2011 to 12/31/2011	**$7,617.00**
Auto Theft Authority Assessment for 14,541 vehicles covered during 1/1/2012 to 6/30/2012	**$7,270.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28452	REPUBLIC MORTGAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,101.41
4/15/2012	$25,101.41
5/15/2012	$25,101.41
6/15/2012	$25,101.41
7/15/2012	$25,101.41
8/15/2012	$25,101.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$150,608.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-28452	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28460	SENTRY CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-28460	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-28460	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-28460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2012 to 6/30/2012	**$3.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28497	USPLATE GLASS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-28497	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-28497	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28649	EASTERN ATLANTIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28649	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28657	HSBC INSURANCE COMPANY OF DELAWARE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-28657	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-28657	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-28657	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28665	CINCINNATI CASUALTY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,709.16
4/15/2012	$1,709.16
5/15/2012	$1,709.16
6/15/2012	$1,709.16
7/15/2012	$1,709.16
8/15/2012	$1,709.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,254.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-28665	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-28665	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28746	EQUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,545.29
4/15/2012	$2,545.29
5/15/2012	$2,545.29
6/15/2012	$2,545.29
7/15/2012	$2,545.29
8/15/2012	$2,545.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,271.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28746	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,070 vehicles covered during 1/1/2012 to 6/30/2012	**$535.00**
Auto Theft Authority Assessment for 1,860 vehicles covered during 7/1/2011 to 12/31/2011	**$930.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28860	RLI INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28860	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28886	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,862.63
4/15/2012	$1,862.63
5/15/2012	$1,862.63
6/15/2012	$1,862.63
7/15/2012	$1,862.63
8/15/2012	$1,862.63
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,175.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28886	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2011 to 12/31/2011	**$13.00**
Auto Theft Authority Assessment for 76 vehicles covered during 1/1/2012 to 6/30/2012	**$38.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	28932	MARKEL AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,263.12
4/15/2012	$9,263.12
5/15/2012	$9,263.12
6/15/2012	$9,263.12
7/15/2012	$9,263.12
8/15/2012	$9,263.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$55,578.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-28932	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-28932	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,921 vehicles covered during 7/1/2011 to 12/31/2011	**$960.50**
Auto Theft Authority Assessment for 2,544 vehicles covered during 1/1/2012 to 6/30/2012	**$1,272.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29017	PROFESSIONALS ADVOCATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29017	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-29017	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29033	CRANBROOK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29033	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-29033	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29033	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29068	IDS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$107,106.39
4/15/2012	$107,106.39
5/15/2012	$107,106.39
6/15/2012	$107,106.39
7/15/2012	$107,106.39
8/15/2012	$107,106.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$642,638.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29068	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-29068	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 30,735 vehicles covered during 7/1/2011 to 12/31/2011	**$15,367.50**
Auto Theft Authority Assessment for 30,578 vehicles covered during 1/1/2012 to 6/30/2012	**$15,289.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29114	CMG MORTGAGE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29114	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29157	UNITED WISCONSIN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-29157	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29157	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29424	HARTFORD CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$83,027.15
4/15/2012	$83,027.15
5/15/2012	$83,027.15
6/15/2012	$83,027.15
7/15/2012	$83,027.15
8/15/2012	$83,027.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$498,162.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29424	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-29424	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 6,995 vehicles covered during 7/1/2011 to 12/31/2011	**$3,497.50**
Auto Theft Authority Assessment for 2,796 vehicles covered during 1/1/2012 to 6/30/2012	**$1,398.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29440	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,465.98
4/15/2012	$1,465.98
5/15/2012	$1,465.98
6/15/2012	$1,465.98
7/15/2012	$1,465.98
8/15/2012	$1,465.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,795.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29440	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29440	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 766 vehicles covered during 7/1/2011 to 12/31/2011	**$383.00**
Auto Theft Authority Assessment for 712 vehicles covered during 1/1/2012 to 6/30/2012	**$356.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29459	TWIN CITY FIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$84,371.04
4/15/2012	$84,371.04
5/15/2012	$84,371.04
6/15/2012	$84,371.04
7/15/2012	$84,371.04
8/15/2012	$84,371.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$506,226.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-29459	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29459	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26,138 vehicles covered during 7/1/2011 to 12/31/2011	**$13,069.00**
Auto Theft Authority Assessment for 23,268 vehicles covered during 1/1/2012 to 6/30/2012	**$11,634.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29513	BAR PLAN MUTUAL INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29513	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29530	AXA ART INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,140.02
4/15/2012	$1,140.02
5/15/2012	$1,140.02
6/15/2012	$1,140.02
7/15/2012	$1,140.02
8/15/2012	$1,140.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,840.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29530	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-29530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29580	BERKLEY REGIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,955.82
4/15/2012	$2,955.82
5/15/2012	$2,955.82
6/15/2012	$2,955.82
7/15/2012	$2,955.82
8/15/2012	$2,955.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,734.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29580	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-29580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29599	U.S. SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,142.84
4/15/2012	$11,142.84
5/15/2012	$11,142.84
6/15/2012	$11,142.84
7/15/2012	$11,142.84
8/15/2012	$11,142.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$66,857.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29599	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-29599	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2011 to 12/31/2011	**$10.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29688	ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$585,697.01
4/15/2012	$585,697.01
5/15/2012	$585,697.01
6/15/2012	$585,697.01
7/15/2012	$585,697.01
8/15/2012	$585,697.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,514,182.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-29688	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29688	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29688	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 199,295 vehicles covered during 1/1/2012 to 6/30/2012	**$99,647.50**
Auto Theft Authority Assessment for 196,795 vehicles covered during 7/1/2011 to 12/31/2011	**$98,397.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29700	NORTH AMERICAN ELITE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,400.00
4/15/2012	$20,400.00
5/15/2012	$20,400.00
6/15/2012	$20,400.00
7/15/2012	$20,400.00
8/15/2012	$20,400.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$122,400.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-29700	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29700	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29742	INTEGON NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,872.43
4/15/2012	$6,872.43
5/15/2012	$6,872.43
6/15/2012	$6,872.43
7/15/2012	$6,872.43
8/15/2012	$6,872.43
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$41,234.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29742	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-29742	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,477 vehicles covered during 1/1/2012 to 6/30/2012	**$2,738.50**
Auto Theft Authority Assessment for 6,168 vehicles covered during 7/1/2011 to 12/31/2011	**$3,084.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29793	PACIFIC STAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$392.42
4/15/2012	$392.42
5/15/2012	$392.42
6/15/2012	$392.42
7/15/2012	$392.42
8/15/2012	$392.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,354.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29793	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29793	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 147 vehicles covered during 7/1/2011 to 12/31/2011	**$73.50**
Auto Theft Authority Assessment for 100 vehicles covered during 1/1/2012 to 6/30/2012	**$50.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29807	PXRE REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-29807	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-29807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29807	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29823	GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORP. OF N C

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,572.31	
4/15/2012		$1,572.31	
5/15/2012		$1,572.31	
6/15/2012		$1,572.31	
7/15/2012		$1,572.31	
8/15/2012		$1,572.31	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,433.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29823	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29858	MORTGAGE GUARANTY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$50,202.40
4/15/2012	$50,202.40
5/15/2012	$50,202.40
6/15/2012	$50,202.40
7/15/2012	$50,202.40
8/15/2012	$50,202.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$301,214.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29858	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29874	NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,723.35
4/15/2012	$4,723.35
5/15/2012	$4,723.35
6/15/2012	$4,723.35
7/15/2012	$4,723.35
8/15/2012	$4,723.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$28,340.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29874	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-29874	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-29874	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29890	HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-29890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-29890	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29980	FIRST COLONIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,739.88
4/15/2012	$2,739.88
5/15/2012	$2,739.88
6/15/2012	$2,739.88
7/15/2012	$2,739.88
8/15/2012	$2,739.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,439.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29980	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-29980	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	29998	UPPER HUDSON NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-29998	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30007	GENERAL FIDELITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30007	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-30007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-30007	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30058	SCOR REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-30058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-30058	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30104	HARTFORD UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$85,799.10
4/15/2012	$85,799.10
5/15/2012	$85,799.10
6/15/2012	$85,799.10
7/15/2012	$85,799.10
8/15/2012	$85,799.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$514,794.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30104	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-30104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-30104	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26,893 vehicles covered during 1/1/2012 to 6/30/2012	**$13,446.50**
Auto Theft Authority Assessment for 42,784 vehicles covered during 7/1/2011 to 12/31/2011	**$21,392.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30120	ZNAT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-30120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-30120	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30180	ASSURED GUARANTY CORP.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-30180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-30180	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30210	ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$40,452.81
4/15/2012	$40,452.81
5/15/2012	$40,452.81
6/15/2012	$40,452.81
7/15/2012	$40,452.81
8/15/2012	$40,452.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$242,716.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30210	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-30210	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13,229 vehicles covered during 7/1/2011 to 12/31/2011	**$6,614.50**
Auto Theft Authority Assessment for 16,232 vehicles covered during 1/1/2012 to 6/30/2012	**$8,116.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30325	ZALE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-30325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-30325	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30562	AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-30562	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-30562	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-30562	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30830	ARCH INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30830	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-30830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30872	RADIAN MORTGAGE ASSURANCE INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30872	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	30945	PLAZA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,152.77
4/15/2012	$2,152.77
5/15/2012	$2,152.77
6/15/2012	$2,152.77
7/15/2012	$2,152.77
8/15/2012	$2,152.77
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,916.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-30945	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-30945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 201 vehicles covered during 1/1/2012 to 6/30/2012	**$100.50**
Auto Theft Authority Assessment for 166 vehicles covered during 7/1/2011 to 12/31/2011	**$83.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31003	TRI-STATE INSURANCE COMPANY OF MINNESOTA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31003	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-31003	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-31003	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31089	REPWEST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,027.54
4/15/2012	$3,027.54
5/15/2012	$3,027.54
6/15/2012	$3,027.54
7/15/2012	$3,027.54
8/15/2012	$3,027.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,165.24**

Auto Theft Authority Assessment for 190 vehicles covered during 1/1/2012 to 6/30/2012	**$95.00**
Auto Theft Authority Assessment for 171 vehicles covered during 7/1/2011 to 12/31/2011	**$85.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31119	MEDICO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$781.70
4/15/2012	$781.70
5/15/2012	$781.70
6/15/2012	$781.70
7/15/2012	$781.70
8/15/2012	$781.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,690.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-31119	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-31119	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31135	GREAT AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31135	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31194	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$64,372.29
4/15/2012	$64,372.29
5/15/2012	$64,372.29
6/15/2012	$64,372.29
7/15/2012	$64,372.29
8/15/2012	$64,372.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$386,233.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31194	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-31194	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-31194	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31208	AMERICAN GENERAL PROPERTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-31208	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-31208	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31232	WORK FIRST CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31232	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31275	REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31275	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31325	ACADIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,959.85
4/15/2012	$14,959.85
5/15/2012	$14,959.85
6/15/2012	$14,959.85
7/15/2012	$14,959.85
8/15/2012	$14,959.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$89,759.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31325	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,109 vehicles covered during 1/1/2012 to 6/30/2012	**$2,054.50**
Auto Theft Authority Assessment for 4,110 vehicles covered during 7/1/2011 to 12/31/2011	**$2,055.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31348	CRUM & FORSTER INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$661.65
4/15/2012	$661.65
5/15/2012	$661.65
6/15/2012	$661.65
7/15/2012	$661.65
8/15/2012	$661.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,969.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31348	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2011 to 12/31/2011	**$4.50**
Auto Theft Authority Assessment for 31 vehicles covered during 1/1/2012 to 6/30/2012	**$15.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31380	AMERICAN SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$798.60	
4/15/2012		$798.60	
5/15/2012		$798.60	
6/15/2012		$798.60	
7/15/2012		$798.60	
8/15/2012		$798.60	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$4,791.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31380	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31453	FINANCIAL PACIFIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,724.05
4/15/2012	$10,724.05
5/15/2012	$10,724.05
6/15/2012	$10,724.05
7/15/2012	$10,724.05
8/15/2012	$10,724.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$64,344.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31453	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,871 vehicles covered during 1/1/2012 to 6/30/2012	**$1,435.50**
Auto Theft Authority Assessment for 2,801 vehicles covered during 7/1/2011 to 12/31/2011	**$1,400.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31470	NORGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$835.66
4/15/2012	$925.30
5/15/2012	$835.66
6/15/2012	$835.66
7/15/2012	$835.66
8/15/2012	$835.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,103.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31470	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-31470	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-31470	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31534	CITIZENS INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,776.92
4/15/2012	$1,776.92
5/15/2012	$1,776.92
6/15/2012	$1,776.92
7/15/2012	$1,776.92
8/15/2012	$1,776.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,661.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-31534	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31550	HAULERS INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31550	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-31550	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31887	COFACE NORTH AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$2,100.00	
4/15/2012		$2,100.00	
5/15/2012		$2,100.00	
6/15/2012		$2,100.00	
7/15/2012		$2,100.00	
8/15/2012		$4,000.00	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$14,500.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31887	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31895	AMERICAN INTERSTATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31895	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	31909	AMERICAN CONCEPT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31925	STONEWOOD NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-31925	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-31925	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	31968	MERASTAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$631.78
4/15/2012	$631.78
5/15/2012	$631.78
6/15/2012	$631.78
7/15/2012	$631.78
8/15/2012	$631.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,790.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-31968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-31968	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 139 vehicles covered during 7/1/2011 to 12/31/2011	**$69.50**
Auto Theft Authority Assessment for 118 vehicles covered during 1/1/2012 to 6/30/2012	**$59.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32077	HERITAGE CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-32077	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-32077	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32174	REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32174	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32190	CONSTITUTION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-32190	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-32190	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32220	21ST CENTURY NORTH AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,202.74
4/15/2012	$29,202.74
5/15/2012	$29,202.74
6/15/2012	$29,202.74
7/15/2012	$29,202.74
8/15/2012	$29,202.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$175,216.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32220	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-32220	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-32220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 14,507 vehicles covered during 7/1/2011 to 12/31/2011	**$7,253.50**
Auto Theft Authority Assessment for 10,883 vehicles covered during 1/1/2012 to 6/30/2012	**$5,038.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32271	DALLAS NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**CI**	CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32271	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32271	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32280	COMMERCIAL CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32280	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32301	TNUS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32301	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32301	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-32301	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32352	LM PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32352	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32352	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-32352	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32433	MEDICAL INSURANCE EXCHANGE OF CALIFORNIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32433	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32450	ATTORNEYS LIABILITY PROTECTION SOCIETY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32603	BERKLEY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,870.60
4/15/2012	$5,870.60
5/15/2012	$5,870.60
6/15/2012	$5,870.60
7/15/2012	$5,870.60
8/15/2012	$5,870.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$35,223.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32603	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-32603	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-32603	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32620	NATIONAL INTERSTATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,850.50
4/15/2012	$11,850.50
5/15/2012	$11,850.50
6/15/2012	$11,850.50
7/15/2012	$11,850.50
8/15/2012	$11,850.50
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$71,103.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-32620	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-32620	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,387 vehicles covered during 7/1/2011 to 12/31/2011	**$693.50**
Auto Theft Authority Assessment for 1,203 vehicles covered during 1/1/2012 to 6/30/2012	**$601.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32700	OWNERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$140,043.34
4/15/2012	$140,043.34
5/15/2012	$140,043.34
6/15/2012	$140,043.34
7/15/2012	$140,043.34
8/15/2012	$140,043.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$840,260.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-32700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-32700	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20,176 vehicles covered during 1/1/2012 to 6/30/2012	**$10,088.00**
Auto Theft Authority Assessment for 21,206 vehicles covered during 7/1/2011 to 12/31/2011	**$10,603.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32760	LIBERTY AMERICAN SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-32760	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-32760	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32778	WASHINGTON INTERNATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,595.15
4/15/2012	$2,595.15
5/15/2012	$2,595.15
6/15/2012	$2,595.15
7/15/2012	$2,595.15
8/15/2012	$2,595.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,570.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-32778	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-32778	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-32778	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32786	PROGRESSIVE SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32786	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32786	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32832	MUTUAL INSURANCE COMPANY OF ARIZONA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$192,580.12
4/15/2012	$192,580.12
5/15/2012	$192,580.12
6/15/2012	$192,580.12
7/15/2012	$192,580.12
8/15/2012	$192,580.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,155,480.72**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32859	PENN-AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32859	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	32867	UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-32867	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-32867	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33014	TRANSPORT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33014	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-33014	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33022	AXA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,240.87
4/15/2012	$3,240.87
5/15/2012	$3,240.87
6/15/2012	$3,240.87
7/15/2012	$3,240.87
8/15/2012	$3,240.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,445.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-33022	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-33022	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-33022	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33162	BANKERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,738.29
4/15/2012	$10,738.29
5/15/2012	$10,738.29
6/15/2012	$10,738.29
7/15/2012	$10,738.29
8/15/2012	$10,738.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$64,429.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-33162	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-33162	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33200	NORCAL MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33200	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33383	FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33383	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33383	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	33391	PROASSURANCE INDEMNITY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,804.41	
4/15/2012		$3,804.41	
5/15/2012		$3,804.41	
6/15/2012		$3,804.41	
7/15/2012		$3,804.41	
8/15/2012		$3,804.41	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$22,826.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-33391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-33391	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33499	DORINCO REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-33499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-33499	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33588	FIRST LIBERTY INSURANCE CORPORATION, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,140.04
4/15/2012	$32,140.04
5/15/2012	$32,140.04
6/15/2012	$32,140.04
7/15/2012	$32,140.04
8/15/2012	$32,140.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$192,840.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33588	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-33588	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-33588	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,232 vehicles covered during 7/1/2011 to 12/31/2011	**$1,116.00**
Auto Theft Authority Assessment for 2,188 vehicles covered during 1/1/2012 to 6/30/2012	**$1,094.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33600	LM INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,414.36
4/15/2012	$8,414.36
5/15/2012	$8,414.36
6/15/2012	$8,414.36
7/15/2012	$8,414.36
8/15/2012	$8,414.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$50,486.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33600	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-33600	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,522 vehicles covered during 1/1/2012 to 6/30/2012	**$1,261.00**
Auto Theft Authority Assessment for 1,853 vehicles covered during 7/1/2011 to 12/31/2011	**$926.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33650	MENDOTA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,479.19
4/15/2012	$17,479.19
5/15/2012	$17,479.19
6/15/2012	$17,479.19
7/15/2012	$17,479.19
8/15/2012	$17,479.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$104,875.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33650	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 11,127 vehicles covered during 7/1/2011 to 12/31/2011	**$5,563.50**
Auto Theft Authority Assessment for 9,107 vehicles covered during 1/1/2012 to 6/30/2012	**$4,553.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33715	REPUBLIC CREDIT INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33715	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33715	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33723	GREAT AMERICAN SPIRIT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33723	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-33723	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33790	RADIAN GUARANTY INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$64,637.00
4/15/2012	$64,637.00
5/15/2012	$64,637.00
6/15/2012	$64,637.00
7/15/2012	$64,637.00
8/15/2012	$64,637.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$387,822.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33790	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33855	LINCOLN GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$715.65
4/15/2012	$715.65
5/15/2012	$715.65
6/15/2012	$715.65
7/15/2012	$715.65
8/15/2012	$715.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,293.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33855	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 493 vehicles covered during 7/1/2011 to 12/31/2011	**$246.50**
Auto Theft Authority Assessment for 351 vehicles covered during 1/1/2012 to 6/30/2012	**$175.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33898	AEGIS SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,745.89
4/15/2012	$5,745.89
5/15/2012	$5,745.89
6/15/2012	$5,745.89
7/15/2012	$5,745.89
8/15/2012	$5,745.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,475.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-33898	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-33898	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33944	RADIAN MORTGAGE INSURANCE INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	33987	ADM INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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NAIC / Name	34002	TRANS CITY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,523.83	
4/15/2012		$3,523.83	
5/15/2012		$3,523.83	
6/15/2012		$3,523.83	
7/15/2012		$3,523.83	
8/15/2012		$3,523.83	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,142.98**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34037	HALLMARK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$34,690.90
4/15/2012	$34,690.90
5/15/2012	$34,690.90
6/15/2012	$34,690.90
7/15/2012	$34,690.90
8/15/2012	$34,690.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$208,145.40**

Auto Theft Authority Assessment for 36,268 vehicles covered during 7/1/2011 to 12/31/2011	**$18,134.00**
Auto Theft Authority Assessment for 42,018 vehicles covered during 1/1/2012 to 6/30/2012	**$21,009.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34045	DALLAS MECHANICAL INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 4/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**MR**	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 65:	**$4,500.00**
Annual Statement Filing Fee		**$0.00**
	TOTAL:	**$4,500.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34266	FRONTIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34274	CENTRAL STATES INDEMNITY CO. OF OMAHA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,211.08
4/15/2012	$4,211.08
5/15/2012	$4,211.08
6/15/2012	$4,211.08
7/15/2012	$4,211.08
8/15/2012	$4,211.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,266.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-34274	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-34274	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34274	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34312	PRODUCERS AGRICULTURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$6,917.33	
4/15/2012		$6,917.33	
5/15/2012		$6,917.33	
6/15/2012		$6,917.33	
7/15/2012		$6,917.33	
8/15/2012		$6,917.33	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$41,503.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34312	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34339	METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$92,348.57
4/15/2012	$92,348.57
5/15/2012	$92,348.57
6/15/2012	$92,348.57
7/15/2012	$92,348.57
8/15/2012	$92,348.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$554,091.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34339	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 22,529 vehicles covered during 1/1/2012 to 6/30/2012	**$11,264.50**
Auto Theft Authority Assessment for 23,149 vehicles covered during 7/1/2011 to 12/31/2011	**$11,574.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34347	COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34347	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 285 vehicles covered during 7/1/2011 to 12/31/2011	**$142.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34460	AUTOONE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34460	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2012 to 6/30/2012	**$0.50**
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2011 to 12/31/2011	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34479	AUTOONE SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34479	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34479	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34495	DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,554.98
4/15/2012	$10,554.98
5/15/2012	$10,554.98
6/15/2012	$10,554.98
7/15/2012	$10,554.98
8/15/2012	$10,554.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$63,329.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-34495	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-34495	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-34495	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34525	FIRST AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34525	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34525	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34649	CENTRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-34649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-34649	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-34649	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34690	PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$83,644.82
4/15/2012	$83,644.82
5/15/2012	$83,644.82
6/15/2012	$83,644.82
7/15/2012	$83,644.82
8/15/2012	$83,644.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$501,868.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34690	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-34690	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 670 vehicles covered during 1/1/2012 to 6/30/2012	**$335.00**
Auto Theft Authority Assessment for 15,210 vehicles covered during 7/1/2011 to 12/31/2011	**$7,605.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34711	COMPUTER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34711	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34738	ARAG INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,323.06
4/15/2012	$1,323.06
5/15/2012	$1,323.06
6/15/2012	$1,323.06
7/15/2012	$1,323.06
8/15/2012	$1,323.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,938.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34738	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34762	SUNZ INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34762	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-34762	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34789	21ST CENTURY CENTENNIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,845.93
4/15/2012	$1,845.93
5/15/2012	$1,845.93
6/15/2012	$1,845.93
7/15/2012	$1,845.93
8/15/2012	$1,845.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,075.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34789	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-34789	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-34789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 790 vehicles covered during 7/1/2011 to 12/31/2011	**$395.00**
Auto Theft Authority Assessment for 608 vehicles covered during 1/1/2012 to 6/30/2012	**$304.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34860	INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,978.60
4/15/2012	$1,978.80
5/15/2012	$1,978.60
6/15/2012	$1,978.60
7/15/2012	$1,978.60
8/15/2012	$1,978.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,871.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-34860	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34886	AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-34886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-34886	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34894	TRENWICK AMERICA REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-34894	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-34894	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	34924	DAKOTA TRUCK UNDERWRITERS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-34924	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-34924	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35009	FINANCIAL CASUALTY & SURETY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35009	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35157	FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-35157	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-35157	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35181	EXECUTIVE RISK INDEMNITY INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,701.89
4/15/2012	$5,701.89
5/15/2012	$5,701.89
6/15/2012	$5,701.89
7/15/2012	$5,701.89
8/15/2012	$5,701.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,211.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-35181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-35181	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35246	ILLINOIS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35246	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35246	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35289	CONTINENTAL INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,005.23
4/15/2012	$11,005.23
5/15/2012	$11,005.23
6/15/2012	$11,005.23
7/15/2012	$11,005.23
8/15/2012	$11,005.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$66,031.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-35289	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-35289	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-35289	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 940 vehicles covered during 1/1/2012 to 6/30/2012	**$470.00**
Auto Theft Authority Assessment for 876 vehicles covered during 7/1/2011 to 12/31/2011	**$438.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35300	ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$44,972.11
4/15/2012	$44,972.10
5/15/2012	$44,972.10
6/15/2012	$44,972.10
7/15/2012	$44,972.10
8/15/2012	$44,972.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$269,832.61**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-35300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-35300	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35319	UNITED AUTOMOBILE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$40,849.36
4/15/2012	$40,849.36
5/15/2012	$40,849.36
6/15/2012	$40,849.36
7/15/2012	$40,849.36
8/15/2012	$40,849.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$245,096.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35319	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 53,104 vehicles covered during 1/1/2012 to 6/30/2012	**$26,552.00**
Auto Theft Authority Assessment for 47,864 vehicles covered during 7/1/2011 to 12/31/2011	**$28,932.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35378	EVANSTON INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**IL**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35386	FIDELITY AND GUARANTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35386	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35386	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35408	IMPERIUM INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,857.61
4/15/2012	$1,840.62
5/15/2012	$1,840.62
6/15/2012	$1,857.61
7/15/2012	$1,857.61
8/15/2012	$1,857.61
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,111.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35408	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-35408	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-35408	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2011 to 12/31/2011	**$2.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35424	OLD REPUBLIC SECURITY ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35432	NEW JERSEY RE-INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NJ**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35483	DAILY UNDERWRITERS OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,992.82
4/15/2012	$3,992.82
5/15/2012	$3,992.82
6/15/2012	$3,992.82
7/15/2012	$3,992.82
8/15/2012	$3,992.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,956.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35483	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-35483	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-35483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 181 vehicles covered during 1/1/2012 to 6/30/2012	**$90.50**
Auto Theft Authority Assessment for 174 vehicles covered during 7/1/2011 to 12/31/2011	**$87.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35505	ROCKWOOD CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-35505	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-35505	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35602	OHIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-35602	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-35602	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-35602	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35769	LYNDON PROPERTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,017.03
4/15/2012	$19,017.03
5/15/2012	$19,017.03
6/15/2012	$19,017.03
7/15/2012	$19,017.03
8/15/2012	$19,017.03
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$114,102.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-35769	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-35769	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35882	GEICO GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$565,011.97
4/15/2012	$565,011.97
5/15/2012	$565,011.97
6/15/2012	$565,011.97
7/15/2012	$565,011.97
8/15/2012	$565,011.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,390,071.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35882	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-35882	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-35882	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 240,801 vehicles covered during 7/1/2011 to 12/31/2011	**$120,400.50**
Auto Theft Authority Assessment for 226,502 vehicles covered during 1/1/2012 to 6/30/2012	**$113,251.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	35955	CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF OREGON

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$36,288.26
4/15/2012	$36,288.26
5/15/2012	$36,288.26
6/15/2012	$36,288.26
7/15/2012	$36,288.26
8/15/2012	$36,288.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$217,729.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-35955	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-35955	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 5,513 vehicles covered during 1/1/2012 to 6/30/2012	**$2,756.50**
Auto Theft Authority Assessment for 12,254 vehicles covered during 7/1/2011 to 12/31/2011	**$6,127.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36048	UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36048	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36064	HANOVER AMERICAN INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,403.11
4/15/2012	$1,403.11
5/15/2012	$1,403.11
6/15/2012	$1,403.11
7/15/2012	$1,403.11
8/15/2012	$1,403.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,418.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36064	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36064	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2011 to 12/31/2011	**$4.50**
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2012 to 6/30/2012	**$5.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36072	NATIONAL GUARDIAN RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing.

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	OT	OTHER

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36137	TRAVELERS COMMERCIAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,663.69
4/15/2012	$16,663.69
5/15/2012	$16,663.69
6/15/2012	$16,663.69
7/15/2012	$16,663.69
8/15/2012	$16,663.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$99,982.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36137	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,036 vehicles covered during 7/1/2011 to 12/31/2011	**$2,018.00**
Auto Theft Authority Assessment for 4,569 vehicles covered during 1/1/2012 to 6/30/2012	**$2,284.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36145	TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36145	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36145	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36153	AETNA INSURANCE COMPANY OF CONNECTICUT

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,513.76	
4/15/2012		$3,513.76	
5/15/2012		$3,513.76	
6/15/2012		$3,513.76	
7/15/2012		$3,513.76	
8/15/2012		$3,513.76	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$21,082.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36153	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36153	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36161	TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36161	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36170	TRAVELERS CASUALTY COMPANY OF CONNECTICUT

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36170	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36170	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36234	PREFERRED PROFESSIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36234	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2011 to 12/31/2011	**$4.50**
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2012 to 6/30/2012	**$4.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36250	RADIAN ASSET ASSURANCE INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36250	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36269	TITAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$533.15
4/15/2012	$533.15
5/15/2012	$533.15
6/15/2012	$533.15
7/15/2012	$533.15
8/15/2012	$533.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,198.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36269	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 221 vehicles covered during 7/1/2011 to 12/31/2011	**$110.50**
Auto Theft Authority Assessment for 178 vehicles covered during 1/1/2012 to 6/30/2012	**$89.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36307	GRAY INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36307	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36340	CAMICO MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,046.62
4/15/2012	$3,046.62
5/15/2012	$3,046.62
6/15/2012	$3,046.62
7/15/2012	$3,046.62
8/15/2012	$3,046.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,279.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36340	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36447	LM GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$72,374.67
4/15/2012	$72,374.67
5/15/2012	$72,374.67
6/15/2012	$72,374.67
7/15/2012	$72,374.67
8/15/2012	$72,374.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$434,248.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36447	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-36447	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 43,940 vehicles covered during 1/1/2012 to 6/30/2012	**$21,970.00**
Auto Theft Authority Assessment for 28,989 vehicles covered during 7/1/2011 to 12/31/2011	**$14,494.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36455	NORTHBROOK INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$487.34
4/15/2012	$487.34
5/15/2012	$487.34
6/15/2012	$487.34
7/15/2012	$487.34
8/15/2012	$487.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,924.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36455	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36455	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-36455	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 162 vehicles covered during 7/1/2011 to 12/31/2011	**$81.00**
Auto Theft Authority Assessment for 142 vehicles covered during 1/1/2012 to 6/30/2012	**$71.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36463	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,717.95
4/15/2012	$2,717.95
5/15/2012	$2,717.95
6/15/2012	$2,717.95
7/15/2012	$2,717.95
8/15/2012	$2,717.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,307.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-36463	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-36463	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36463	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 28 vehicles covered during 1/1/2012 to 6/30/2012	**$14.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36552	COLISEUM REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36552	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36560	SERVICE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36560	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36560	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36587	21ST CENTURY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-36587	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-36587	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 258 vehicles covered during 7/1/2011 to 12/31/2011	**$129.00**
Auto Theft Authority Assessment for 258 vehicles covered during 7/1/2011 to 12/31/2011	**$129.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36650	GUARANTEE COMPANY OF NORTH AMERICA USA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,092.67	
4/15/2012		$3,092.67	
5/15/2012		$3,092.67	
6/15/2012		$3,092.67	
7/15/2012		$3,092.67	
8/15/2012		$3,092.67	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$18,556.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36650	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36684	RIVERPORT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,680.88
4/15/2012	$3,680.88
5/15/2012	$3,680.88
6/15/2012	$3,680.88
7/15/2012	$3,680.88
8/15/2012	$3,680.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,085.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-36684	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-36684	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36684	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 395 vehicles covered during 1/1/2012 to 6/30/2012	**$197.50**
Auto Theft Authority Assessment for 528 vehicles covered during 7/1/2011 to 12/31/2011	**$264.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36781	JOHN DEERE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36781	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36781	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-36781	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	36790	SPRINGFIELD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36790	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36790	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	36897	MANUFACTURERS ALLIANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-36897	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-36897	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2011 to 12/31/2011	**$2.00**

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NAIC / Name	36927	COLONY SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-36927	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-36927	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	36951	CENTURY SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,597.56
4/15/2012	$4,597.56
5/15/2012	$4,597.56
6/15/2012	$4,597.56
7/15/2012	$4,597.56
8/15/2012	$4,597.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,585.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-36951	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-36951	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2012 to 6/30/2012	**$27.00**
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2011 to 12/31/2011	**$8.50**

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NAIC / Name	37001	INFINITY PREMIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37001	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37001	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37060	OLD UNITED CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,662.83
4/15/2012	$7,662.83
5/15/2012	$7,662.83
6/15/2012	$7,662.83
7/15/2012	$7,662.83
8/15/2012	$7,662.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$45,976.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37060	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-37060	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37060	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37095	GENWORTH FINANCIAL ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37095	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37109	LANDCAR CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,244.83
4/15/2012	$2,244.83
5/15/2012	$2,244.83
6/15/2012	$2,244.83
7/15/2012	$2,244.83
8/15/2012	$2,244.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,468.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37109	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37150	WESTERN HERITAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,367.12
4/15/2012	$7,367.12
5/15/2012	$7,367.12
6/15/2012	$7,367.12
7/15/2012	$7,367.12
8/15/2012	$7,367.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$44,202.72**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37184	DEERFIELD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,651.47
4/15/2012	$5,686.52
5/15/2012	$5,686.52
6/15/2012	$5,686.52
7/15/2012	$5,686.52
8/15/2012	$5,686.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,084.07**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37184	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	37206	CONTRACTORS BONDING AND INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$22,913.40
4/15/2012	$22,913.40
5/15/2012	$22,913.40
6/15/2012	$22,913.40
7/15/2012	$22,913.40
8/15/2012	$22,914.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$137,481.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37206	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 867 vehicles covered during 7/1/2011 to 12/31/2011	**$433.50**
Auto Theft Authority Assessment for 841 vehicles covered during 1/1/2012 to 6/30/2012	**$420.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37214	AMERICAN STATES PREFERRED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37214	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37214	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37257	PRAETORIAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,103.45
4/15/2012	$17,103.45
5/15/2012	$17,103.45
6/15/2012	$17,103.45
7/15/2012	$17,103.45
8/15/2012	$17,103.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$102,620.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37257	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-37257	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,354 vehicles covered during 1/1/2012 to 6/30/2012	**$677.00**
Auto Theft Authority Assessment for 2,407 vehicles covered during 7/1/2011 to 12/31/2011	**$1,203.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37273	AXIS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$18,779.76
4/15/2012	$18,779.76
5/15/2012	$18,779.76
6/15/2012	$18,779.76
7/15/2012	$18,779.76
8/15/2012	$18,779.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$112,678.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-37273	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-37273	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 38 vehicles covered during 7/1/2011 to 12/31/2011	**$19.00**
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2012 to 6/30/2012	**$27.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	37478	HARTFORD INSURANCE COMPANY OF THE MIDWEST

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$103,553.19
4/15/2012	$103,553.19
5/15/2012	$103,553.19
6/15/2012	$103,553.19
7/15/2012	$103,553.19
8/15/2012	$103,553.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$621,319.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37478	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 21,290 vehicles covered during 1/1/2012 to 6/30/2012	**$10,645.00**
Auto Theft Authority Assessment for 23,963 vehicles covered during 7/1/2011 to 12/31/2011	**$11,981.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37540	BEAZLEY INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,542.23
4/15/2012	$4,542.23
5/15/2012	$4,542.23
6/15/2012	$4,542.23
7/15/2012	$4,542.23
8/15/2012	$4,542.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,253.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37540	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-37540	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37621	TOYOTA MOTOR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,601.60
4/15/2012	$3,601.60
5/15/2012	$3,601.60
6/15/2012	$3,601.60
7/15/2012	$3,601.60
8/15/2012	$3,601.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,609.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37621	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37648	PERMANENT GENERAL ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$45,989.84
4/15/2012	$45,989.84
5/15/2012	$45,989.84
6/15/2012	$45,989.84
7/15/2012	$45,989.84
8/15/2012	$45,989.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$275,939.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37648	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 30,263 vehicles covered during 7/1/2011 to 12/31/2011	**$15,131.50**
Auto Theft Authority Assessment for 30,984 vehicles covered during 1/1/2012 to 6/30/2012	**$15,492.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37656	ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,682.34
4/15/2012	$3,682.34
5/15/2012	$3,682.34
6/15/2012	$3,682.34
7/15/2012	$3,682.34
8/15/2012	$3,682.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$22,094.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37656	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37656	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37710	FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$26,930.99
4/15/2012	$26,930.99
5/15/2012	$26,930.99
6/15/2012	$26,930.99
7/15/2012	$26,930.99
8/15/2012	$26,930.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$161,585.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37710	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37770	WESTERN UNITED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$250,810.18
4/15/2012	$250,810.18
5/15/2012	$250,810.18
6/15/2012	$250,810.18
7/15/2012	$250,810.18
8/15/2012	$250,810.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,504,861.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37770	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 105,720 vehicles covered during 1/1/2012 to 6/30/2012	**$52,860.00**
Auto Theft Authority Assessment for 103,864 vehicles covered during 7/1/2011 to 12/31/2011	**$51,932.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37800	LEADING INSURANCE GROUP INSURANCE CO., LTD.(U.S.BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37800	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37834	PROGRESSIVE PREFERRED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$464,932.05
4/15/2012	$464,932.05
5/15/2012	$464,932.05
6/15/2012	$464,932.05
7/15/2012	$464,932.05
8/15/2012	$464,932.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,789,592.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37834	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37834	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 207,498 vehicles covered during 1/1/2012 to 6/30/2012	**$103,749.00**
Auto Theft Authority Assessment for 200,271 vehicles covered during 7/1/2011 to 12/31/2011	**$100,135.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37850	PACIFIC SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,765.86
4/15/2012	$29,765.86
5/15/2012	$29,765.86
6/15/2012	$29,765.86
7/15/2012	$29,765.86
8/15/2012	$29,765.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$178,595.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37850	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37850	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 2,972 vehicles covered during 1/1/2012 to 6/30/2012	**$1,486.00**
Auto Theft Authority Assessment for 2,883 vehicles covered during 7/1/2011 to 12/31/2011	**$1,441.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37869	PRE-PAID LEGAL CASUALTY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,414.00
4/15/2012	$28,414.00
5/15/2012	$28,414.00
6/15/2012	$28,414.00
7/15/2012	$28,414.00
8/15/2012	$28,414.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$170,484.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37869	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37877	NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37877	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-37877	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37877	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37885	XL SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$34,432.20
4/15/2012	$34,432.20
5/15/2012	$34,432.20
6/15/2012	$34,432.20
7/15/2012	$34,432.20
8/15/2012	$34,432.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$206,593.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37885	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 102 vehicles covered during 7/1/2011 to 12/31/2011	**$51.00**
Auto Theft Authority Assessment for 69 vehicles covered during 1/1/2012 to 6/30/2012	**$34.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37893	ULLICO CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,579.96
4/15/2012	$3,579.96
5/15/2012	$3,579.96
6/15/2012	$3,579.96
7/15/2012	$3,579.96
8/15/2012	$3,579.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,479.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-37893	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37893	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37893	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37907	ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37907	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-37907	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37907	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2012 to 6/30/2012	**$17.50**
Auto Theft Authority Assessment for 41 vehicles covered during 7/1/2011 to 12/31/2011	**$20.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37915	ESSENTIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,893.81
4/15/2012	$16,893.81
5/15/2012	$16,893.81
6/15/2012	$16,893.81
7/15/2012	$16,893.81
8/15/2012	$16,893.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$101,362.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37915	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 20,416 vehicles covered during 7/1/2011 to 12/31/2011	**$10,208.00**
Auto Theft Authority Assessment for 21,628 vehicles covered during 1/1/2012 to 6/30/2012	**$10,814.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37923	SEAWORTHY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$503.92
4/15/2012	$503.92
5/15/2012	$503.92
6/15/2012	$503.92
7/15/2012	$503.92
8/15/2012	$503.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,023.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-37923	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37923	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37931	AMERICAN FARMERS & RANCHERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-37931	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-37931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-37931	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37940	LEXINGTON NATIONAL INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$2,521.95	
4/15/2012		$2,521.95	
5/15/2012		$2,521.95	
6/15/2012		$2,521.95	
7/15/2012		$2,521.95	
8/15/2012		$2,521.95	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$15,131.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37940	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37958	ACCEPTANCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37958	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37958	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	37990	AMERICAN EMPIRE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-37990	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-37990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38067	ECONOMY PREFERRED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,595.04
4/15/2012	$2,595.04
5/15/2012	$2,595.04
6/15/2012	$2,595.04
7/15/2012	$2,595.04
8/15/2012	$2,595.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,570.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38067	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38067	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,410 vehicles covered during 1/1/2012 to 6/30/2012	**$1,705.00**
Auto Theft Authority Assessment for 1,203 vehicles covered during 7/1/2011 to 12/31/2011	**$601.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38130	TRAVELERS PERSONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38130	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38148	NORTH SEA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-38148	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-38148	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38148	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38156	ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,569.94
4/15/2012	$25,569.94
5/15/2012	$25,569.94
6/15/2012	$25,569.94
7/15/2012	$25,569.94
8/15/2012	$25,569.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$153,419.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38156	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38156	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 12,402 vehicles covered during 7/1/2011 to 12/31/2011	**$6,201.00**
Auto Theft Authority Assessment for 11,839 vehicles covered during 1/1/2012 to 6/30/2012	**$5,919.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38245	BCS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,177.65
4/15/2012	$10,177.65
5/15/2012	$10,177.65
6/15/2012	$10,177.65
7/15/2012	$10,177.65
8/15/2012	$10,177.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$61,065.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38245	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-38245	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	38300	SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38300	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38318	STARR INDEMNITY & LIABILITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,905.56
4/15/2012	$30,905.56
5/15/2012	$30,905.56
6/15/2012	$30,905.56
7/15/2012	$30,905.56
8/15/2012	$30,905.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$185,433.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38318	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38318	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,388 vehicles covered during 7/1/2011 to 12/31/2011	**$694.00**
Auto Theft Authority Assessment for 981 vehicles covered during 1/1/2012 to 6/30/2012	**$490.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38369	NORTHERN ASSURANCE COMPANY OF AMERICA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,378.32
4/15/2012	$1,378.32
5/15/2012	$1,378.32
6/15/2012	$1,378.32
7/15/2012	$1,378.32
8/15/2012	$1,378.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,269.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38369	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-38369	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-38369	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38458	GENWORTH MORTGAGE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$44,165.96
4/15/2012	$44,165.96
5/15/2012	$44,165.96
6/15/2012	$44,165.96
7/15/2012	$44,165.96
8/15/2012	$44,165.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$264,995.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38458	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38466	EVERGREEN USA RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2012 to 6/30/2012	**$3.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38490	ARIZONA HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,453.25
4/15/2012	$15,453.25
5/15/2012	$15,453.25
6/15/2012	$15,453.25
7/15/2012	$15,453.25
8/15/2012	$15,453.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$92,719.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38512	RAMPART INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38512	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38601	MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,389.39
4/15/2012	$1,389.39
5/15/2012	$1,389.39
6/15/2012	$1,389.39
7/15/2012	$1,389.39
8/15/2012	$1,389.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,336.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38601	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38601	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38628	PROGRESSIVE NORTHERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38628	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38628	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38636	PARTNER REINSURANCE COMPANY OF THE U.S.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38636	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38636	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38636	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38652	AMERICAN MODERN SELECT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,206.44
4/15/2012	$33,206.44
5/15/2012	$33,206.44
6/15/2012	$33,206.44
7/15/2012	$33,206.44
8/15/2012	$33,206.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$199,238.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38652	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 860 vehicles covered during 7/1/2011 to 12/31/2011	**$430.00**
Auto Theft Authority Assessment for 931 vehicles covered during 1/1/2012 to 6/30/2012	**$465.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38660	MIC GENERAL INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,751.05
4/15/2012	$1,751.05
5/15/2012	$1,751.05
6/15/2012	$1,751.05
7/15/2012	$1,751.05
8/15/2012	$1,751.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,506.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38660	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38660	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 548 vehicles covered during 7/1/2011 to 12/31/2011	**$274.00**
Auto Theft Authority Assessment for 486 vehicles covered during 1/1/2012 to 6/30/2012	**$243.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38733	ALASKA NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$436.28
4/15/2012	$436.28
5/15/2012	$436.28
6/15/2012	$436.28
7/15/2012	$436.28
8/15/2012	$436.28
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,617.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38733	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-38733	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 98 vehicles covered during 1/1/2012 to 6/30/2012	**$49.00**
Auto Theft Authority Assessment for 106 vehicles covered during 7/1/2011 to 12/31/2011	**$53.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38776	SIRIUS AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38776	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38776	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38776	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38806	INSURA PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38806	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38806	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38849	HOUSTON GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38849	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38849	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38865	CALIFORNIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38865	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38865	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38873	INFINITY SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38873	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38911	BERKLEY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-38911	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38911	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38962	GENESIS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CT**	**Business Type**	**PC**	PROPERTY & CASUALTY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-38962	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38962	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-38962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	38970	MARKEL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,412.62
4/15/2012	$8,412.62
5/15/2012	$8,412.62
6/15/2012	$8,412.62
7/15/2012	$8,412.62
8/15/2012	$8,412.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$50,475.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-38970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-38970	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-38970	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 94 vehicles covered during 7/1/2011 to 12/31/2011	**$47.00**
Auto Theft Authority Assessment for 93 vehicles covered during 1/1/2012 to 6/30/2012	**$46.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39012	SAFECO INSURANCE COMPANY OF ILLINOIS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,123.26
4/15/2012	$3,123.26
5/15/2012	$3,123.26
6/15/2012	$3,123.26
7/15/2012	$3,123.26
8/15/2012	$3,123.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,739.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39012	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 3,699 vehicles covered during 1/1/2012 to 6/30/2012	**$1,849.50**
Auto Theft Authority Assessment for 3,304 vehicles covered during 7/1/2011 to 12/31/2011	**$1,652.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39039	RURAL COMMUNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39039	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39098	OMNI INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39098	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 66 vehicles covered during 7/1/2011 to 12/31/2011	**$33.00**
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2012 to 6/30/2012	**$21.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39136	FINIAL REINSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CT**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39152	AMERICAN HEALTHCARE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39152	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39152	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39187	SUECIA INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39217	QBE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$38,779.52
4/15/2012	$38,779.52
5/15/2012	$38,779.52
6/15/2012	$38,779.52
7/15/2012	$38,779.52
8/15/2012	$38,779.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$232,677.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39217	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-39217	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,786 vehicles covered during 1/1/2012 to 6/30/2012	**$893.00**
Auto Theft Authority Assessment for 1,754 vehicles covered during 7/1/2011 to 12/31/2011	**$877.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39306	FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,263.68
4/15/2012	$29,263.66
5/15/2012	$29,263.66
6/15/2012	$29,263.66
7/15/2012	$29,263.66
8/15/2012	$29,263.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$175,581.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39306	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,227 vehicles covered during 7/1/2011 to 12/31/2011	**$613.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39322	GENERAL SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39322	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-39322	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39527	HERITAGE INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,744.40
4/15/2012	$2,744.40
5/15/2012	$2,744.40
6/15/2012	$2,744.40
7/15/2012	$2,744.40
8/15/2012	$2,744.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,466.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39527	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39527	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39551	CONTINENTAL HERITAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39551	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39608	NUTMEG INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-39608	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-39608	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39616	VISION SERVICE PLAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$67,280.54
4/15/2012	$67,280.54
5/15/2012	$67,280.54
6/15/2012	$67,280.54
7/15/2012	$67,280.54
8/15/2012	$67,280.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$403,683.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39616	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-39616	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39675	EXCALIBUR REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA12-39675	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP12-39675	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39845	WESTPORT INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,815.40
4/15/2012	$15,815.40
5/15/2012	$15,815.40
6/15/2012	$15,815.40
7/15/2012	$15,815.40
8/15/2012	$15,815.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$94,892.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-39845	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-39845	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39845	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39861	GOLDEN BEAR INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39861	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39861	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39942	AMERICAN NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,470.83
4/15/2012	$14,470.83
5/15/2012	$14,470.83
6/15/2012	$14,470.83
7/15/2012	$14,470.83
8/15/2012	$14,470.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$86,824.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-39942	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-39942	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,318 vehicles covered during 7/1/2011 to 12/31/2011	**$2,159.00**
Auto Theft Authority Assessment for 3,504 vehicles covered during 1/1/2012 to 6/30/2012	**$1,752.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39950	METROPOLITAN GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$853.23
4/15/2012	$853.23
5/15/2012	$853.23
6/15/2012	$853.23
7/15/2012	$853.23
8/15/2012	$853.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,119.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39950	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 227 vehicles covered during 1/1/2012 to 6/30/2012	**$113.50**
Auto Theft Authority Assessment for 244 vehicles covered during 7/1/2011 to 12/31/2011	**$122.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	39969	AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,195.21
4/15/2012	$1,195.21
5/15/2012	$1,195.21
6/15/2012	$1,195.21
7/15/2012	$1,195.21
8/15/2012	$1,195.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,171.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-39969	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-39969	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40010	ANCHOR GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,547.87
4/15/2012	$5,547.87
5/15/2012	$5,547.87
6/15/2012	$5,547.87
7/15/2012	$5,547.87
8/15/2012	$5,547.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$33,287.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40010	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,966 vehicles covered during 1/1/2012 to 6/30/2012	**$2,483.00**
Auto Theft Authority Assessment for 5,020 vehicles covered during 7/1/2011 to 12/31/2011	**$2,510.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40029	EXPLORER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40029	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-40029	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-40029	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40045	STARNET INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,822.70
4/15/2012	$14,822.70
5/15/2012	$14,822.70
6/15/2012	$14,822.70
7/15/2012	$14,822.70
8/15/2012	$14,822.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$88,936.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-40045	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-40045	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40045	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 232 vehicles covered during 1/1/2012 to 6/30/2012	**$116.00**
Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2011 to 12/31/2011	**$3.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40134	CASTLEPOINT NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,451.85
4/15/2012	$3,451.85
5/15/2012	$3,451.85
6/15/2012	$3,451.85
7/15/2012	$3,451.85
8/15/2012	$3,451.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,711.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40134	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 127 vehicles covered during 1/1/2012 to 6/30/2012	**$63.50**
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2011 to 12/31/2011	**$7.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40142	AMERICAN ZURICH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,156.45
4/15/2012	$7,156.45
5/15/2012	$7,156.45
6/15/2012	$7,156.45
7/15/2012	$7,156.45
8/15/2012	$7,156.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$42,938.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40142	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-40142	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-40142	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 507 vehicles covered during 1/1/2012 to 6/30/2012	**$253.50**
Auto Theft Authority Assessment for 689 vehicles covered during 7/1/2011 to 12/31/2011	**$344.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40150	MGA INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$54,829.83	
4/15/2012		$54,829.83	
5/15/2012		$54,829.83	
6/15/2012		$54,829.83	
7/15/2012		$54,829.83	
8/15/2012		$54,829.83	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$328,978.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40150	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13,278 vehicles covered during 7/1/2010 to 12/31/2010	**$6,639.00**
Auto Theft Authority Assessment for 45,408 vehicles covered during 7/1/2011 to 12/31/2011	**$22,704.00**
Auto Theft Authority Assessment for 44,977 vehicles covered during 1/1/2012 to 6/30/2012	**$22,488.50**
Auto Theft Authority Assessment for -9,441 vehicles covered during 1/1/2011 to 6/30/2011	**($4,720.50)**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40169	METROPOLITAN CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$120,016.82
4/15/2012	$120,016.82
5/15/2012	$120,016.82
6/15/2012	$120,016.82
7/15/2012	$120,016.82
8/15/2012	$120,016.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$720,100.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40169	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40169	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 27,221 vehicles covered during 7/1/2011 to 12/31/2011	**$13,610.50**
Auto Theft Authority Assessment for 24,626 vehicles covered during 1/1/2012 to 6/30/2012	**$12,313.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40193	XL INSURANCE COMPANY OF NEW YORK, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40193	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40193	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40258	CHARTIS CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$572.59
4/15/2012	$572.59
5/15/2012	$572.59
6/15/2012	$572.59
7/15/2012	$572.59
8/15/2012	$572.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,435.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40258	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40266	CMG MORTGAGE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$2,447.40	
4/15/2012		$2,447.40	
5/15/2012		$2,447.40	
6/15/2012		$2,447.40	
7/15/2012		$2,447.40	
8/15/2012		$2,447.40	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$14,684.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40266	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40282	TRAVELERS COMMERCIAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40282	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-40282	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-40282	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40312	PIONEER SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40312	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40312	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40371	COLUMBIA MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40371	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40398	AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40398	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40398	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-40398	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40436	STRATFORD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40436	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40436	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40444	OLD REPUBLIC SURETY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,705.57
4/15/2012	$2,705.57
5/15/2012	$2,705.57
6/15/2012	$2,705.57
7/15/2012	$2,705.57
8/15/2012	$2,705.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,233.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40444	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40460	SAGAMORE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40460	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-40460	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	40479	REPUBLIC-VANGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40517	ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40517	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40517	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40525	UNITED GUARANTY CREDIT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40525	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40649	ECONOMY PREMIER ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,651.82
4/15/2012	$4,651.82
5/15/2012	$4,651.82
6/15/2012	$4,651.82
7/15/2012	$4,651.82
8/15/2012	$4,651.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,910.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40649	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 277 vehicles covered during 1/1/2012 to 6/30/2012	**$138.50**
Auto Theft Authority Assessment for 318 vehicles covered during 7/1/2011 to 12/31/2011	**$159.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40703	UNITRIN SAFEGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40703	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40789	AMERICAN BUSINESS & PERSONAL INSURANCE MUTUAL, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-40789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40789	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	40827	VIRGINIA SURETY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,575.93
4/15/2012	$1,575.93
5/15/2012	$1,575.93
6/15/2012	$1,575.93
7/15/2012	$1,575.93
8/15/2012	$1,575.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,455.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-40827	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-40827	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-40827	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40843	UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,752.97
4/15/2012	$4,752.96
5/15/2012	$4,752.96
6/15/2012	$4,752.96
7/15/2012	$4,752.96
8/15/2012	$4,752.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$28,517.77**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40843	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 402 vehicles covered during 1/1/2012 to 6/30/2012	**$201.00**
Auto Theft Authority Assessment for 651 vehicles covered during 7/1/2011 to 12/31/2011	**$325.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40940	WESTERN PACIFIC MUTUAL INSURANCE COMPANY, A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	40975	DENTISTS INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$993.37	
4/15/2012		$993.37	
5/15/2012		$993.37	
6/15/2012		$993.37	
7/15/2012		$993.37	
8/15/2012		$993.37	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,960.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-40975	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-40975	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41050	UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-41050	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41106	TRIUMPHE CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,132.07
4/15/2012	$1,132.07
5/15/2012	$1,132.07
6/15/2012	$1,132.07
7/15/2012	$1,132.07
8/15/2012	$1,132.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,792.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-41106	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-41106	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41106	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 423 vehicles covered during 7/1/2011 to 12/31/2011	**$211.50**
Auto Theft Authority Assessment for 419 vehicles covered during 1/1/2012 to 6/30/2012	**$209.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41181	UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,200.08
4/15/2012	$28,200.08
5/15/2012	$28,200.08
6/15/2012	$28,200.08
7/15/2012	$28,200.08
8/15/2012	$28,200.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$169,200.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-41181	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-41181	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,491 vehicles covered during 1/1/2012 to 6/30/2012	**$745.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41211	TRITON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,607.86
4/15/2012	$3,607.86
5/15/2012	$3,607.86
6/15/2012	$3,607.86
7/15/2012	$3,607.86
8/15/2012	$3,607.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,647.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41211	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41211	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-41211	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 255 vehicles covered during 7/1/2011 to 12/31/2011	**$127.50**
Auto Theft Authority Assessment for 153 vehicles covered during 1/1/2012 to 6/30/2012	**$76.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41238	TRANS PACIFIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41238	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41238	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41297	SCOTTSDALE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$31,306.54
4/15/2012	$31,306.54
5/15/2012	$31,306.54
6/15/2012	$31,306.54
7/15/2012	$31,306.54
8/15/2012	$31,306.54
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$187,839.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41297	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,909 vehicles covered during 1/1/2012 to 6/30/2012	**$954.50**
Auto Theft Authority Assessment for 1,483 vehicles covered during 7/1/2011 to 12/31/2011	**$741.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41335	UNITED NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41335	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-41335	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-41335	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41343	HDI-GERLING AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,244.14
4/15/2012	$1,244.14
5/15/2012	$1,244.14
6/15/2012	$1,244.14
7/15/2012	$1,244.14
8/15/2012	$1,244.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,464.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41343	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-41343	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-41343	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41394	BENCHMARK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$878.74
4/15/2012	$878.74
5/15/2012	$878.74
6/15/2012	$878.74
7/15/2012	$880.54
8/15/2012	$878.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,274.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-41394	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-41394	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41394	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41424	PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41424	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-41424	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-41424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2011 to 12/31/2011	**$0.50**
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2012 to 6/30/2012	**$2.00**

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NAIC / Name	41432	GENWORTH HOME EQUITY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41432	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	41459	ARMED FORCES INSURANCE EXCHANGE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$4,397.28	
4/15/2012		$4,397.28	
5/15/2012		$4,397.28	
6/15/2012		$4,397.28	
7/15/2012		$4,397.28	
8/15/2012		$4,397.28	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$26,383.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41459	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	41483	FARMINGTON CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-41483	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-41483	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41491	GEICO CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$99,979.25
4/15/2012	$99,979.25
5/15/2012	$99,979.25
6/15/2012	$99,979.25
7/15/2012	$99,979.25
8/15/2012	$99,979.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$599,875.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41491	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 58,606 vehicles covered during 7/1/2011 to 12/31/2011	**$29,303.00**
Auto Theft Authority Assessment for 111,043 vehicles covered during 1/1/2012 to 6/30/2012	**$55,521.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41513	FOREMOST SIGNATURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41513	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-41513	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-41513	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41580	RED SHIELD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-41580	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41629	NEW ENGLAND REINSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41629	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-41629	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41653	MILBANK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$39,963.47
4/15/2012	$39,963.47
5/15/2012	$39,963.47
6/15/2012	$39,963.47
7/15/2012	$39,963.47
8/15/2012	$39,963.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$239,780.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41653	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-41653	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-41653	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 8,803 vehicles covered during 1/1/2012 to 6/30/2012	**$4,401.50**
Auto Theft Authority Assessment for 8,851 vehicles covered during 7/1/2011 to 12/31/2011	**$4,425.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41750	TRAVELERS CONSTITUTION STATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-41750	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41769	TRAVELERS CASUALTY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41769	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41785	COLORADO CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$31,574.62
4/15/2012	$31,574.62
5/15/2012	$31,574.62
6/15/2012	$31,574.62
7/15/2012	$31,574.62
8/15/2012	$31,574.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$189,447.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41785	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41785	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 13,879 vehicles covered during 7/1/2011 to 12/31/2011	**$6,939.50**
Auto Theft Authority Assessment for 4,764 vehicles covered during 1/1/2012 to 6/30/2012	**$2,382.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41840	ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,765.90
4/15/2012	$7,765.90
5/15/2012	$7,765.90
6/15/2012	$7,765.90
7/15/2012	$7,765.90
8/15/2012	$7,765.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$46,595.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-41840	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-41840	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-41840	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 940 vehicles covered during 1/1/2012 to 6/30/2012	**$470.00**
Auto Theft Authority Assessment for 1,193 vehicles covered during 7/1/2011 to 12/31/2011	**$596.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	41998	AMERICAN SOUTHERN HOME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,880.04
4/15/2012	$1,880.04
5/15/2012	$1,880.04
6/15/2012	$1,880.04
7/15/2012	$1,880.04
8/15/2012	$1,880.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,280.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-41998	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-41998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 44 vehicles covered during 1/1/2012 to 6/30/2012	**$22.00**
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2011 to 12/31/2011	**$7.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42048	DIAMOND STATE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,196.19
4/15/2012	$3,196.19
5/15/2012	$3,196.19
6/15/2012	$3,196.19
7/15/2012	$3,196.19
8/15/2012	$3,196.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,177.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42048	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42048	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2012 to 6/30/2012	**$29.00**
Auto Theft Authority Assessment for 35 vehicles covered during 7/1/2011 to 12/31/2011	**$17.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42129	UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42129	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42129	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42226	PRINCETON INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42226	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42226	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42234	MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42234	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42242	CITATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42242	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42269	MAJESTIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42269	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42307	NAVIGATORS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,469.69
4/15/2012	$21,469.69
5/15/2012	$21,469.69
6/15/2012	$21,469.69
7/15/2012	$21,469.69
8/15/2012	$21,469.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$128,818.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42307	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-42307	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2011 to 12/31/2011	**$2.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42331	GUIDEONE AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$491.80	
4/15/2012		$491.80	
5/15/2012		$491.80	
6/15/2012		$491.80	
7/15/2012		$491.80	
8/15/2012		$491.80	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,950.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42331	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42376	TECHNOLOGY INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,109.84
4/15/2012	$1,109.84
5/15/2012	$1,109.84
6/15/2012	$1,109.84
7/15/2012	$1,109.84
8/15/2012	$1,109.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,659.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42376	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2012 to 6/30/2012	**$13.00**
Auto Theft Authority Assessment for 118 vehicles covered during 7/1/2011 to 12/31/2011	**$59.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42390	AMGUARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$925.30
4/15/2012	$925.30
5/15/2012	$925.30
6/15/2012	$925.30
7/15/2012	$925.30
8/15/2012	$925.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,551.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42390	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42390	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-42390	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42404	LIBERTY INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$49,703.01
4/15/2012	$49,703.01
5/15/2012	$49,703.01
6/15/2012	$49,703.01
7/15/2012	$49,703.01
8/15/2012	$49,703.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$298,218.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42404	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42404	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 434 vehicles covered during 7/1/2011 to 12/31/2011	**$217.00**
Auto Theft Authority Assessment for 522 vehicles covered during 1/1/2012 to 6/30/2012	**$261.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42439	TOA REINSURANCE COMPANY OF AMERICA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42439	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42439	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42447	NATIONAL GENERAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$31,270.32
4/15/2012	$31,270.32
5/15/2012	$31,270.32
6/15/2012	$31,270.32
7/15/2012	$31,270.32
8/15/2012	$31,270.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$187,621.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42447	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 12,351 vehicles covered during 7/1/2011 to 12/31/2011	**$6,175.50**
Auto Theft Authority Assessment for 16,667 vehicles covered during 1/1/2012 to 6/30/2012	**$8,333.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42552	NOVA CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,597.52
4/15/2012	$8,597.52
5/15/2012	$8,597.52
6/15/2012	$8,597.52
7/15/2012	$8,597.52
8/15/2012	$8,597.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$51,585.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42552	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42552	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-42552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 446 vehicles covered during 1/1/2012 to 6/30/2012	**$223.00**
Auto Theft Authority Assessment for 262 vehicles covered during 7/1/2011 to 12/31/2011	**$131.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42579	ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,452.82
4/15/2012	$10,452.82
5/15/2012	$10,452.82
6/15/2012	$10,452.82
7/15/2012	$10,452.82
8/15/2012	$10,452.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$62,716.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42579	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42579	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,957 vehicles covered during 1/1/2012 to 6/30/2012	**$978.50**
Auto Theft Authority Assessment for 2,332 vehicles covered during 7/1/2011 to 12/31/2011	**$1,166.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42587	DEPOSITORS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$57,341.53
4/15/2012	$57,341.53
5/15/2012	$57,341.53
6/15/2012	$57,341.53
7/15/2012	$57,341.53
8/15/2012	$57,341.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$344,049.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42587	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 12,921 vehicles covered during 7/1/2011 to 12/31/2011	**$6,460.50**
Auto Theft Authority Assessment for 11,461 vehicles covered during 1/1/2012 to 6/30/2012	**$5,730.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42609	AFFIRMATIVE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42609	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42609	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 118 vehicles covered during 7/1/2011 to 12/31/2011	**$59.00**
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2012 to 6/30/2012	**$47.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee		**$0.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42668	VESTA INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42706	ROCHE SURETY AND CASUALTY COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42706	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42749	TRADERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42749	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42757	AGRI GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,047.31
4/15/2012	$1,047.31
5/15/2012	$1,047.31
6/15/2012	$1,047.31
7/15/2012	$1,047.31
8/15/2012	$1,047.31
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,283.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42757	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42757	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42765	CENTURION CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42765	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42765	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-42765	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42803	GUIDEONE ELITE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,658.80
4/15/2012	$1,658.80
5/15/2012	$1,658.80
6/15/2012	$1,658.80
7/15/2012	$1,658.80
8/15/2012	$1,658.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,952.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42803	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42803	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42862	UNIVERSAL CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,382.13
4/15/2012	$1,382.13
5/15/2012	$1,382.13
6/15/2012	$1,382.13
7/15/2012	$1,382.13
8/15/2012	$1,382.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,292.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-42862	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-42862	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42862	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 492 vehicles covered during 1/1/2012 to 6/30/2012	**$246.00**
Auto Theft Authority Assessment for 645 vehicles covered during 7/1/2011 to 12/31/2011	**$322.50**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	42870	HEARTLAND INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42889	VICTORIA FIRE & CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42889	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42889	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 81 vehicles covered during 7/1/2011 to 12/31/2011	**$40.50**
Auto Theft Authority Assessment for 74 vehicles covered during 1/1/2012 to 6/30/2012	**$37.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42897	AMERICAN SERVICE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42897	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 44 vehicles covered during 1/1/2012 to 6/30/2012	**$22.00**
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2011 to 12/31/2011	**$0.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42919	PROGRESSIVE NORTHWESTERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,171.30
4/15/2012	$12,171.30
5/15/2012	$12,171.30
6/15/2012	$12,171.30
7/15/2012	$12,171.30
8/15/2012	$12,171.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$73,027.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42919	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42919	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,428 vehicles covered during 7/1/2011 to 12/31/2011	**$2,214.00**
Auto Theft Authority Assessment for 3,992 vehicles covered during 1/1/2012 to 6/30/2012	**$1,996.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42978	AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$76,312.73
4/15/2012	$76,312.73
5/15/2012	$76,312.73
6/15/2012	$76,312.73
7/15/2012	$76,312.73
8/15/2012	$76,312.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$457,876.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-42978	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-42978	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42986	STANDARD GUARANTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,527.11
4/15/2012	$25,527.11
5/15/2012	$25,527.11
6/15/2012	$25,527.11
7/15/2012	$25,527.11
8/15/2012	$25,527.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$153,162.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-42986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-42986	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-42986	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	42994	PROGRESSIVE CLASSIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-42994	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-42994	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 87 vehicles covered during 7/1/2011 to 12/31/2011	**$43.50**
Auto Theft Authority Assessment for 69 vehicles covered during 1/1/2012 to 6/30/2012	**$34.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43044	RESPONSE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$797.99
4/15/2012	$797.99
5/15/2012	$797.99
6/15/2012	$797.99
7/15/2012	$797.99
8/15/2012	$797.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,787.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-43044	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-43044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 415 vehicles covered during 7/1/2011 to 12/31/2011	**$207.50**
Auto Theft Authority Assessment for 297 vehicles covered during 1/1/2012 to 6/30/2012	**$148.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43117	AMERICAN EQUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43265	GRAMERCY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,557.00	
4/15/2012		$1,557.00	
5/15/2012		$1,557.00	
6/15/2012		$1,557.00	
7/15/2012		$1,557.00	
8/15/2012		$1,557.00	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,342.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-43265	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-43265	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43460	ASPEN AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$409.00
4/15/2012	$408.94
5/15/2012	$408.94
6/15/2012	$408.94
7/15/2012	$408.94
8/15/2012	$408.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,453.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-43460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-43460	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43494	AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,775.91
4/15/2012	$1,775.91
5/15/2012	$1,775.91
6/15/2012	$1,775.91
7/15/2012	$1,775.91
8/15/2012	$1,775.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,655.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-43494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-43494	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 567 vehicles covered during 1/1/2012 to 6/30/2012	**$283.50**
Auto Theft Authority Assessment for 814 vehicles covered during 7/1/2011 to 12/31/2011	**$407.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43575	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,489.30
4/15/2012	$2,489.30
5/15/2012	$2,489.30
6/15/2012	$2,489.30
7/15/2012	$2,489.30
8/15/2012	$2,489.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,935.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-43575	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
MAP13-43575	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-43575	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 68 vehicles covered during 7/1/2011 to 12/31/2011	**$34.00**
Auto Theft Authority Assessment for 146 vehicles covered during 1/1/2012 to 6/30/2012	**$73.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43699	FARMERS SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-43699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-43699	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43702	TOWER NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,850.22
4/15/2012	$1,850.55
5/15/2012	$1,850.55
6/15/2012	$1,850.55
7/15/2012	$1,850.55
8/15/2012	$1,850.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,102.97**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-43702	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-43702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43753	REPUBLIC INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-43753	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-43753	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43770	CLINIC MUTUAL INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43915	RAINIER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	43974	21ST CENTURY INDEMNITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,004.22
4/15/2012	$3,004.22
5/15/2012	$3,004.22
6/15/2012	$3,004.22
7/15/2012	$3,004.22
8/15/2012	$3,004.22
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,025.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-43974	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-43974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-43974	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 950 vehicles covered during 1/1/2012 to 6/30/2012	**$475.00**
Auto Theft Authority Assessment for 1,220 vehicles covered during 7/1/2011 to 12/31/2011	**$610.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44016	NATIONAL HOME INS. CO., A RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44075	STATES SELF-INSURERS RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44083	PREFERRED PHYSICIANS MEDICAL RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$24,063.58
4/15/2012	$24,063.58
5/15/2012	$24,063.58
6/15/2012	$24,063.58
7/15/2012	$24,063.58
8/15/2012	$24,063.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$144,381.48**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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NAIC / Name	44105	OPHTHALMIC MUTUAL INS. CO., RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,837.97
4/15/2012	$4,837.97
5/15/2012	$4,837.97
6/15/2012	$4,837.97
7/15/2012	$4,837.97
8/15/2012	$4,837.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,027.82**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44121	OMS NATIONAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,665.33
4/15/2012	$3,665.33
5/15/2012	$3,665.33
6/15/2012	$3,665.33
7/15/2012	$3,665.33
8/15/2012	$3,665.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,991.98**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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NAIC / Name	44130	PARATRANSIT INSURANCE COMPANY, A MUTUAL RISK RETENTION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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NAIC / Name	44148	ARCHITECTS & ENGINEERS INSURANCE COMPANY, INC., A RRG

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$0.00
Annual Statement Filing Fee	$0.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44237	MENTAL HEALTH RISK RETENTION GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,027.33
4/15/2012	$1,027.33
5/15/2012	$1,027.33
6/15/2012	$1,027.33
7/15/2012	$1,027.33
8/15/2012	$1,027.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,163.98**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$0.00**
Annual Statement Filing Fee	**$0.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44300	TOWER INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid
3/15/2012		$0.33
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$0.33**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-44300	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-44300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 229 vehicles covered during 7/1/2011 to 12/31/2011	**$114.50**
Auto Theft Authority Assessment for 1,585 vehicles covered during 1/1/2012 to 6/30/2012	**$792.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44318	ADMIRAL INDEMNITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-44318	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
MAP13-44318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44369	IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,794.18
4/15/2012	$6,794.18
5/15/2012	$6,794.18
6/15/2012	$6,794.18
7/15/2012	$6,794.18
8/15/2012	$6,794.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$40,765.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-44369	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-44369	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 4,674 vehicles covered during 1/1/2012 to 6/30/2012	**$2,337.00**
Auto Theft Authority Assessment for 7,113 vehicles covered during 7/1/2011 to 12/31/2011	**$3,556.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44393	WEST AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,324.92
4/15/2012	$6,324.92
5/15/2012	$6,324.92
6/15/2012	$6,324.92
7/15/2012	$6,324.92
8/15/2012	$6,324.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$37,949.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-44393	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-44393	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,060 vehicles covered during 1/1/2012 to 6/30/2012	**$530.00**
Auto Theft Authority Assessment for 1,173 vehicles covered during 7/1/2011 to 12/31/2011	**$586.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44520	CRUM & FORSTER SPECIALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44695	PROGRESSIVE PALOVERDE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,201.95
4/15/2012	$4,201.95
5/15/2012	$4,201.95
6/15/2012	$4,201.95
7/15/2012	$4,201.95
8/15/2012	$4,201.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,211.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-44695	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
FRA13-44695	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**
Auto Theft Authority Assessment for 1,406 vehicles covered during 1/1/2012 to 6/30/2012	**$703.00**
Auto Theft Authority Assessment for 1,532 vehicles covered during 7/1/2011 to 12/31/2011	**$766.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	44784	FAIRFIELD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP13-44784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	**$200.00**
HCA13-44784	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-44784	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47012	SIGHTCARE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2007

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 55:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,907.42
4/15/2012	$4,907.42
5/15/2012	$4,907.42
6/15/2012	$4,907.42
7/15/2012	$4,907.42
8/15/2012	$4,907.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$29,444.52**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47013	CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$42,626.09
4/15/2012	$42,626.09
5/15/2012	$42,626.09
6/15/2012	$42,626.09
7/15/2012	$42,626.09
8/15/2012	$42,626.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$255,756.54**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	47708	UNITED DENTAL CARE OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,247.31
4/15/2012	$13,247.31
5/15/2012	$13,247.31
6/15/2012	$13,247.31
7/15/2012	$13,247.31
8/15/2012	$13,247.31
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$79,483.86**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50016	TITLE RESOURCES GUARANTY COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50016	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50020	DAKOTA HOMESTEAD TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**SD**	**Business Type**	**TI**	TITLE INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50020	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50026	PREMIER LAND TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50026	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50050	WESTCOR LAND TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50050	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50083	COMMONWEALTH LAND TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50083	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	50121	STEWART TITLE GUARANTY COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**TI**	TITLE INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50121	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50130	NORTH AMERICAN TITLE INSURANCE COMPANY

You must download from our web site (www.azinsurance.gov/taxunit), save to your computer, complete, print, sign and submit form E-TITLE with your payment of the fees 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50130	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50229	CHICAGO TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50229	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50369	INVESTORS TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50369	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50440	REAL ADVANTAGE TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50520	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50520	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	50814	FIRST AMERICAN TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-50814	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51020	NATIONAL TITLE INSURANCE OF NEW YORK INC.

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51020	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51152	WFG NATIONAL TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51152	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51411	AMERICAN GUARANTY TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51411	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51586	FIDELITY NATIONAL TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51586	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51624	UNITED GENERAL TITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51624	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	51632	ENTITLE INSURANCE COMPANY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**OH**	**Business Type**	**TI**	TITLE INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-51632	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	52120	TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$22,273.13
4/15/2012	$22,273.13
5/15/2012	$22,273.13
6/15/2012	$22,273.13
7/15/2012	$22,273.13
8/15/2012	$22,273.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$133,638.78**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	53090	EMPLOYERS DENTAL SERVICES, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$36,005.90
4/15/2012	$36,005.90
5/15/2012	$36,005.90
6/15/2012	$36,005.90
7/15/2012	$36,005.90
8/15/2012	$36,005.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$216,035.40**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	53589	BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 55:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,885,699.91
4/15/2012	$1,885,699.91
5/15/2012	$1,885,699.91
6/15/2012	$1,885,699.91
7/15/2012	$1,885,699.91
8/15/2012	$1,885,699.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,314,199.46**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	53597	ARIZONA DENTAL INSURANCE SERVICE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2007

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 55:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$84,183.22
4/15/2012	$84,183.22
5/15/2012	$84,183.22
6/15/2012	$84,183.22
7/15/2012	$84,183.22
8/15/2012	$84,183.22
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$505,099.32**

Arizona Department of Insurance Tax Unit
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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56006	TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56006	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56014	THRIVENT FINANCIAL FOR LUTHERANS

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56014	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56030	CATHOLIC FINANCIAL LIFE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56030	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56073	NATIONAL MUTUAL BENEFIT

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56073	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56154	GLEANER LIFE INSURANCE SOCIETY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56154	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56170	WOMAN'S LIFE INSURANCE SOCIETY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56170	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56227	KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56332	FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	$30.00
Annual Statement Filing Fee	Code 28:	$300.00

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56332	Fraud Unit Assessment [ARS § 20-466(J)]	$700.00

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	$30.00
Annual Statement Filing Fee	$300.00

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56340	FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,THE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	56383	ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, THE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56383	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56499	ASSURED LIFE ASSOCIATION

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56499	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56634	CROATIAN FRATERNAL UNION OF AMERICA

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56634	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56693	GREEK CATHOLIC UNION OF THE U.S.A

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56693	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	56758	LOYAL CHRISTIAN BENEFIT ASSOCIATION

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-56758	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57088	DEGREE OF HONOR PROTECTIVE ASSOCIATION

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57088	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57142	SONS OF NORWAY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57142	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57223	BAPTIST LIFE ASSOCIATION

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**NY**	**Business Type**	**FB**	FRATERNAL BENEFIT SOCIETY
		Entity Type	**NP**	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57223	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57320	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57320	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57347	CATHOLIC LIFE INSURANCE

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**TX**	**Business Type**	**FB**	FRATERNAL BENEFIT SOCIETY
		Entity Type	**NP**	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57347	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57487	CATHOLIC ORDER OF FORESTERS

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57487	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57541	MODERN WOODMEN OF AMERICA

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57541	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57622	POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57622	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57657	ROYAL NEIGHBORS OF AMERICA

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57657	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57673	SLOVENE NATIONAL BENEFIT SOCIETY

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57673	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	57991	EVERENCE ASSOCIATION, INC.

You must download from our web site (www.azinusurance.gov/taxunit), save to your computer, complete, print, sign and submit Form E-FB with your payment calculated on Form E-FB. Either make your filing using the NAIC OPTins system (and include the computed Form E-FB as a file attachment) or send this form with Form E-FB and your payment to our office on or before March 1. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**IN**	**Business Type**	**FB**	FRATERNAL BENEFIT SOCIETY
		Entity Type	**NP**	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-57991	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58033	KNIGHTS OF COLUMBUS

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**CT**	**Business Type**	**FB**	FRATERNAL BENEFIT SOCIETY
		Entity Type	**NP**	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-58033	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58068	INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)

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FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-58068	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	58181	SUPREME COUNCIL OF THE ROYAL ARCANUM

You must download from our web site (www.azinusurance.gov/taxunit), save to your computer, complete, print, sign and submit Form E-FB with your payment calculated on Form E-FB. Either make your filing using the NAIC OPTins system (and include the computed Form E-FB as a file attachment) or send this form with Form E-FB and your payment to our office on or before March 1. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**MA**	**Business Type**	**FB**	FRATERNAL BENEFIT SOCIETY
		Entity Type	**NP**	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 54:	**$30.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-58181	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$30.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60003	PARK AVENUE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60003	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60003	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60008	ROCKFORD LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60018	ARIZONA NATIONAL 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60025	EXPRESS SCRIPTS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60032	BETTER 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60038	ACACIA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,403.55
4/15/2012	$4,403.55
5/15/2012	$4,403.55
6/15/2012	$4,403.55
7/15/2012	$4,403.55
8/15/2012	$4,403.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,421.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60038	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60038	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60052	HUMANA BENEFIT PLAN OF ILLINOIS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60052	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60052	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	60054	AETNA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$727,024.95
4/15/2012	$727,024.95
5/15/2012	$727,024.95
6/15/2012	$727,024.95
7/15/2012	$727,024.95
8/15/2012	$727,024.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,362,149.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60054	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60054	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60078	HALLMARK LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60142	TIAA-CREF LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,611.03
4/15/2012	$5,611.03
5/15/2012	$5,611.03
6/15/2012	$5,611.03
7/15/2012	$5,611.03
8/15/2012	$5,611.03
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$33,666.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60142	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60142	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60183	S.USA LIFE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60186	ALLSTATE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,379.41
4/15/2012	$30,379.41
5/15/2012	$30,379.41
6/15/2012	$30,379.41
7/15/2012	$30,379.41
8/15/2012	$30,379.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$182,276.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60186	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60186	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	60188	SUPERIOR VISION INSURANCE, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 56:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60216	AMALGAMATED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,196.50	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,196.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60216	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60216	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60232	PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60232	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60232	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60237	PREMIER ACCESS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,234.79
4/15/2012	$5,234.79
5/15/2012	$5,234.79
6/15/2012	$5,234.79
7/15/2012	$5,234.79
8/15/2012	$5,234.79
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$31,408.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60237	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60237	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60241	FIRST 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60250	AMFIRST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60250	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60250	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60275	AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,137.96
4/15/2012	$4,137.96
5/15/2012	$4,137.96
6/15/2012	$4,137.96
7/15/2012	$4,137.96
8/15/2012	$4,137.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$24,827.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60275	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60275	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60305	AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,307.58
4/15/2012	$1,307.58
5/15/2012	$1,307.58
6/15/2012	$1,307.58
7/15/2012	$1,307.58
8/15/2012	$1,307.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,845.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60305	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60305	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60348	ACE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60348	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60348	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60380	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$178,468.11
4/15/2012	$178,468.11
5/15/2012	$178,468.11
6/15/2012	$178,468.11
7/15/2012	$178,468.11
8/15/2012	$178,468.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,070,808.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60380	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60380	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60399	AMERICAN FAMILY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$59,937.49
4/15/2012	$59,937.49
5/15/2012	$59,937.49
6/15/2012	$59,937.49
7/15/2012	$59,937.49
8/15/2012	$59,937.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$359,624.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60399	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60399	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60410	AMERICAN FIDELITY ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,579.89
4/15/2012	$32,579.89
5/15/2012	$32,579.89
6/15/2012	$32,579.89
7/15/2012	$32,579.89
8/15/2012	$32,579.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$195,479.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60410	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60410	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60429	AMERICAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$785.86
4/15/2012	$785.86
5/15/2012	$785.86
6/15/2012	$785.86
7/15/2012	$785.86
8/15/2012	$785.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,715.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60429	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60429	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60445	SAGICOR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,646.02
4/15/2012	$6,646.02
5/15/2012	$6,646.02
6/15/2012	$6,646.02
7/15/2012	$6,646.02
8/15/2012	$6,646.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,876.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60445	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60445	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60488	AMERICAN GENERAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$100,735.45
4/15/2012	$100,735.45
5/15/2012	$100,735.45
6/15/2012	$100,735.45
7/15/2012	$100,735.45
8/15/2012	$100,735.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$604,412.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60488	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60488	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60518	AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,296.39
4/15/2012	$3,296.39
5/15/2012	$3,296.39
6/15/2012	$3,296.39
7/15/2012	$3,296.39
8/15/2012	$3,296.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,778.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60518	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60518	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	60534	AMERICAN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,466.35
4/15/2012	$28,466.35
5/15/2012	$28,466.35
6/15/2012	$28,466.35
7/15/2012	$28,466.35
8/15/2012	$28,466.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$170,798.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60534	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60534	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60542	AMERICAN HOME LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,724.05
4/15/2012	$1,724.05
5/15/2012	$1,724.05
6/15/2012	$1,724.05
7/15/2012	$1,724.05
8/15/2012	$1,724.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,344.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60542	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60542	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60577	AMERICAN INCOME LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$23,960.73
4/15/2012	$23,960.73
5/15/2012	$23,960.73
6/15/2012	$23,960.73
7/15/2012	$23,960.73
8/15/2012	$23,960.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$143,764.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60577	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60577	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60704	WILTON REASSURANCE LIFE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$957.32	
4/15/2012		$957.32	
5/15/2012		$957.32	
6/15/2012		$957.32	
7/15/2012		$957.32	
8/15/2012		$957.32	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,743.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60704	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60704	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60739	AMERICAN NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,512.22
4/15/2012	$29,512.22
5/15/2012	$29,512.22
6/15/2012	$29,512.22
7/15/2012	$29,512.22
8/15/2012	$29,512.22
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$177,073.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60739	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60739	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60763	AMERICAN PIONEER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,837.07
4/15/2012	$1,837.07
5/15/2012	$1,837.07
6/15/2012	$1,837.07
7/15/2012	$1,837.07
8/15/2012	$1,837.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,022.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60763	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60763	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60801	AMERICAN PUBLIC LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,468.64
4/15/2012	$2,468.64
5/15/2012	$2,468.64
6/15/2012	$2,468.64
7/15/2012	$2,468.64
8/15/2012	$2,468.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,811.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60801	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60801	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60836	AMERICAN REPUBLIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$45,939.55
4/15/2012	$45,939.55
5/15/2012	$45,939.55
6/15/2012	$45,939.55
7/15/2012	$45,939.55
8/15/2012	$45,939.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$275,637.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60836	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60836	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60895	AMERICAN UNITED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,523.30
4/15/2012	$25,523.30
5/15/2012	$25,523.30
6/15/2012	$25,523.30
7/15/2012	$25,523.30
8/15/2012	$25,523.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$153,139.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-60895	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-60895	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	60941	SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,175.60
4/15/2012	$1,175.60
5/15/2012	$1,175.60
6/15/2012	$1,175.60
7/15/2012	$1,175.60
8/15/2012	$1,175.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,053.60**

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NAIC / Name	60984	COMPBENEFITS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-60984	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-60984	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61050	METLIFE INVESTORS USA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$55,043.17
4/15/2012	$55,043.17
5/15/2012	$55,043.17
6/15/2012	$55,043.17
7/15/2012	$55,043.17
8/15/2012	$55,043.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$330,259.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61050	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61050	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61069	ANTHEM LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,090.38
4/15/2012	$1,090.48
5/15/2012	$1,090.38
6/15/2012	$1,090.38
7/15/2012	$1,090.38
8/15/2012	$1,090.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,542.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61069	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61069	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61182	AURORA NATIONAL LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,873.56
4/15/2012	$1,873.56
5/15/2012	$1,873.56
6/15/2012	$1,873.56
7/15/2012	$1,873.56
8/15/2012	$1,873.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,241.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61182	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61182	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61190	AUTO-OWNERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,778.20
4/15/2012	$4,778.20
5/15/2012	$4,778.20
6/15/2012	$4,778.20
7/15/2012	$4,778.20
8/15/2012	$4,778.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$28,669.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61190	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61190	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61212	BALTIMORE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,302.15
4/15/2012	$1,302.15
5/15/2012	$1,302.15
6/15/2012	$1,302.15
7/15/2012	$1,302.15
8/15/2012	$1,302.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,812.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61212	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61212	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61239	BANKERS FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$666.20
4/15/2012	$666.20
5/15/2012	$666.20
6/15/2012	$666.20
7/15/2012	$666.20
8/15/2012	$666.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,997.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61239	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61239	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61263	BANKERS LIFE AND CASUALTY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$66,520.69
4/15/2012	$66,520.69
5/15/2012	$66,520.69
6/15/2012	$66,520.69
7/15/2012	$66,520.69
8/15/2012	$66,520.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$399,124.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61263	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61263	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61271	PRINCIPAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$158,706.73
4/15/2012	$158,706.73
5/15/2012	$158,706.73
6/15/2012	$158,706.73
7/15/2012	$158,706.73
8/15/2012	$158,706.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$952,240.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61271	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61271	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61301	AMERITAS LIFE INSURANCE CORP.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,098.68
4/15/2012	$29,098.68
5/15/2012	$29,098.68
6/15/2012	$29,098.68
7/15/2012	$29,098.68
8/15/2012	$29,098.68
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$174,592.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61301	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61301	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61360	RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,369.00
4/15/2012	$2,369.00
5/15/2012	$2,369.00
6/15/2012	$2,369.00
7/15/2012	$2,369.00
8/15/2012	$2,369.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,214.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61360	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61360	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61395	BENEFICIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,264.79
4/15/2012	$13,264.79
5/15/2012	$13,264.79
6/15/2012	$13,264.79
7/15/2012	$13,264.79
8/15/2012	$13,264.79
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$79,588.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61395	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61395	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61409	NATIONAL BENEFIT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,213.52
4/15/2012	$1,213.52
5/15/2012	$1,213.52
6/15/2012	$1,213.52
7/15/2012	$1,213.52
8/15/2012	$1,213.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,281.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61409	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61409	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61425	TRUSTMARK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,727.88
4/15/2012	$9,727.88
5/15/2012	$9,727.88
6/15/2012	$9,727.88
7/15/2012	$9,727.88
8/15/2012	$9,727.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$58,367.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61425	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61425	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61476	BOSTON MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,120.88
4/15/2012	$1,120.88
5/15/2012	$1,120.88
6/15/2012	$1,120.88
7/15/2012	$1,120.88
8/15/2012	$1,120.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,725.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61476	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61476	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61492	ATHENE ANNUITY & LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,920.63
4/15/2012	$8,920.63
5/15/2012	$8,920.63
6/15/2012	$8,920.63
7/15/2012	$8,920.63
8/15/2012	$8,920.63
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$53,523.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61492	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61492	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61506	RESOURCE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61506	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61506	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA12-61506	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA12-61506	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61581	CAPITOL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61581	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61581	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61689	AVIVA LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$95,447.15
4/15/2012	$95,447.15
5/15/2012	$95,447.15
6/15/2012	$95,447.15
7/15/2012	$95,447.15
8/15/2012	$95,447.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$572,682.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61689	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61689	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61700	RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,369.38
4/15/2012	$2,369.38
5/15/2012	$2,369.38
6/15/2012	$2,369.38
7/15/2012	$2,369.38
8/15/2012	$2,369.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,216.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61700	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61700	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61727	CENTRAL RESERVE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61727	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61727	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61735	CENTRAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61735	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61735	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61751	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$951.84
4/15/2012	$951.84
5/15/2012	$951.84
6/15/2012	$951.84
7/15/2012	$951.84
8/15/2012	$951.84
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,711.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61751	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61751	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61808	CHARTER NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61808	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61808	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61832	CHESAPEAKE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,407.49
4/15/2012	$3,407.49
5/15/2012	$3,407.49
6/15/2012	$3,407.49
7/15/2012	$3,407.49
8/15/2012	$3,407.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,444.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61832	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61832	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61859	CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61859	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61859	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61875	CHURCH LIFE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$799.96
4/15/2012	$799.96
5/15/2012	$799.96
6/15/2012	$799.96
7/15/2012	$799.96
8/15/2012	$799.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,799.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61875	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61875	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61883	CENTRAL UNITED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,620.12
4/15/2012	$1,620.12
5/15/2012	$1,620.12
6/15/2012	$1,620.12
7/15/2012	$1,620.12
8/15/2012	$1,620.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,720.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-61883	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-61883	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61913	EXECUTIVE LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	61999	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,402.40
4/15/2012	$7,402.40
5/15/2012	$7,402.40
6/15/2012	$7,402.40
7/15/2012	$7,402.40
8/15/2012	$7,402.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$44,414.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-61999	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-61999	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	62049	COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$62,292.21
4/15/2012	$62,292.21
5/15/2012	$62,292.21
6/15/2012	$62,292.21
7/15/2012	$62,292.21
8/15/2012	$62,292.21
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$373,753.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62049	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62049	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62057	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$441.20
4/15/2012	$441.20
5/15/2012	$441.20
6/15/2012	$441.20
7/15/2012	$441.20
8/15/2012	$441.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,647.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62057	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62057	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62065	COLONIAL PENN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,891.55
4/15/2012	$11,891.55
5/15/2012	$11,891.55
6/15/2012	$11,891.55
7/15/2012	$11,891.55
8/15/2012	$11,891.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$71,349.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62065	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62065	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62103	COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,432.02
4/15/2012	$1,432.02
5/15/2012	$1,432.02
6/15/2012	$1,432.02
7/15/2012	$1,432.02
8/15/2012	$1,432.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,592.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62103	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62103	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62146	COMBINED INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,968.04
4/15/2012	$8,968.04
5/15/2012	$8,968.04
6/15/2012	$8,968.04
7/15/2012	$8,968.04
8/15/2012	$8,968.04
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$53,808.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62146	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62146	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62154	FREMONT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62200	GREAT AMERICAN LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62200	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62200	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62235	UNUM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ME	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$133,060.65
4/15/2012	$133,060.65
5/15/2012	$133,060.65
6/15/2012	$133,060.65
7/15/2012	$133,060.65
8/15/2012	$133,060.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$798,363.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62235	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62235	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62286	GOLDEN RULE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$326,706.82
4/15/2012	$326,706.82
5/15/2012	$326,706.82
6/15/2012	$326,706.82
7/15/2012	$326,706.82
8/15/2012	$326,706.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,960,240.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62286	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62286	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**PA**	**Business Type**	**AR**	ACCREDITED REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62308	CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$505,109.27
4/15/2012	$505,109.27
5/15/2012	$505,109.27
6/15/2012	$505,109.27
7/15/2012	$505,109.27
8/15/2012	$505,109.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,030,655.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62308	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62308	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62324	FREEDOM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,665.94
4/15/2012	$6,665.94
5/15/2012	$6,665.94
6/15/2012	$6,665.94
7/15/2012	$6,665.94
8/15/2012	$6,665.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,995.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62324	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62324	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62332	WESTPORT LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62345	BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62345	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62359	CONSTITUTION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$397.86	
4/15/2012		$397.86	
5/15/2012		$397.86	
6/15/2012		$397.86	
7/15/2012		$397.86	
8/15/2012		$397.86	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$2,387.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62359	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62359	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62375	CONSUMERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62375	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62375	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62383	CENTURION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$366.44
4/15/2012	$366.44
5/15/2012	$366.44
6/15/2012	$366.44
7/15/2012	$366.44
8/15/2012	$366.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,198.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62383	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62383	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62413	CONTINENTAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,408.59	
4/15/2012		$1,408.59	
5/15/2012		$1,408.59	
6/15/2012		$1,408.59	
7/15/2012		$1,408.59	
8/15/2012		$1,408.59	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$8,451.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62413	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62413	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62421	HERITAGE UNION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62421	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62421	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62510	EQUITRUST LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,993.02
4/15/2012	$6,993.02
5/15/2012	$6,993.02
6/15/2012	$6,993.02
7/15/2012	$6,993.02
8/15/2012	$6,993.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$41,958.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62510	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62510	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62553	COUNTRY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$37,417.73
4/15/2012	$37,417.73
5/15/2012	$37,417.73
6/15/2012	$37,417.73
7/15/2012	$37,417.73
8/15/2012	$37,417.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$224,506.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62553	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62553	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62596	UNION FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,973.97
4/15/2012	$3,973.97
5/15/2012	$3,973.97
6/15/2012	$3,973.97
7/15/2012	$3,973.97
8/15/2012	$3,973.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,843.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62596	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62596	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62626	CMFG LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$35,053.87
4/15/2012	$35,053.87
5/15/2012	$35,053.87
6/15/2012	$35,053.87
7/15/2012	$35,053.87
8/15/2012	$35,053.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$210,323.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62626	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62626	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62634	DELAWARE AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA12-62634	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA12-62634	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62790	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62790	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62790	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62863	TRUSTMARK LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$85,276.31
4/15/2012	$23,578.73
5/15/2012	$23,578.73
6/15/2012	$23,578.73
7/15/2012	$23,578.73
8/15/2012	$23,578.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$203,169.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62863	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62863	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62880	AXA EQUITABLE LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$422.96
4/15/2012	$422.96
5/15/2012	$422.96
6/15/2012	$422.96
7/15/2012	$422.96
8/15/2012	$422.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,537.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62880	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62928	EMC NATIONAL LIFE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,784.25
4/15/2012	$1,784.00
5/15/2012	$1,784.00
6/15/2012	$1,784.00
7/15/2012	$1,784.00
8/15/2012	$1,784.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,704.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62928	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62928	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62944	AXA EQUITABLE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$87,856.02
4/15/2012	$87,856.02
5/15/2012	$87,856.02
6/15/2012	$87,856.02
7/15/2012	$87,856.02
8/15/2012	$87,856.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$527,136.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-62944	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-62944	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	62952	EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,214.79
4/15/2012	$21,214.80
5/15/2012	$21,214.80
6/15/2012	$21,214.80
7/15/2012	$21,214.80
8/15/2012	$21,214.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$127,288.79**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-62952	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-62952	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63053	FAMILY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,299.37
4/15/2012	$4,299.37
5/15/2012	$4,299.37
6/15/2012	$4,299.37
7/15/2012	$4,299.37
8/15/2012	$4,299.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,796.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63053	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63053	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63088	FARM BUREAU LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,655.58
4/15/2012	$28,655.58
5/15/2012	$28,655.58
6/15/2012	$28,655.58
7/15/2012	$28,655.58
8/15/2012	$28,655.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$171,933.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63088	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63088	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63177	FARMERS NEW WORLD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$106,081.23
4/15/2012	$106,081.23
5/15/2012	$106,081.23
6/15/2012	$106,081.23
7/15/2012	$106,081.23
8/15/2012	$106,081.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$636,487.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63177	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63177	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63223	FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,027.67
4/15/2012	$1,027.67
5/15/2012	$1,027.67
6/15/2012	$1,027.67
7/15/2012	$1,027.67
8/15/2012	$1,027.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,166.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63223	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63223	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63258	FEDERATED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,791.19
4/15/2012	$2,791.19
5/15/2012	$2,791.19
6/15/2012	$2,791.19
7/15/2012	$2,791.19
8/15/2012	$2,791.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,747.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63258	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63258	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63274	FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$32,878.41
4/15/2012	$32,878.41
5/15/2012	$32,878.41
6/15/2012	$32,878.41
7/15/2012	$32,878.41
8/15/2012	$32,878.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$197,270.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63274	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63274	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63282	PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,018.85
4/15/2012	$25,018.85
5/15/2012	$25,018.85
6/15/2012	$25,018.85
7/15/2012	$25,018.85
8/15/2012	$25,018.85
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$150,113.10**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63290	FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,387.60
4/15/2012	$5,387.60
5/15/2012	$5,387.60
6/15/2012	$5,387.60
7/15/2012	$5,387.60
8/15/2012	$5,387.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$32,325.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63290	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63290	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63312	GREAT AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,572.29
4/15/2012	$3,572.29
5/15/2012	$3,572.29
6/15/2012	$3,572.29
7/15/2012	$3,572.29
8/15/2012	$3,572.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,433.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63312	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63312	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63444	ACCENDO INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63444	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63444	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63479	UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,193.82
4/15/2012	$6,193.82
5/15/2012	$6,193.82
6/15/2012	$6,193.82
7/15/2012	$6,193.82
8/15/2012	$6,193.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$37,162.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63479	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63479	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63487	INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$717.71
4/15/2012	$717.71
5/15/2012	$717.71
6/15/2012	$717.71
7/15/2012	$717.71
8/15/2012	$717.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,306.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63487	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63487	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63495	FIRST INVESTORS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,896.65
4/15/2012	$6,896.65
5/15/2012	$6,896.65
6/15/2012	$6,896.65
7/15/2012	$6,896.65
8/15/2012	$6,896.65
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$41,379.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63495	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63495	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63541	SEECHANGE HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63541	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63541	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63657	GARDEN STATE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,445.86
4/15/2012	$1,445.86
5/15/2012	$1,445.86
6/15/2012	$1,445.86
7/15/2012	$1,445.86
8/15/2012	$1,445.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,675.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63657	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63657	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63665	GENERAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$23,743.80
4/15/2012	$23,743.80
5/15/2012	$23,743.80
6/15/2012	$23,743.80
7/15/2012	$23,743.80
8/15/2012	$23,743.80
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$142,462.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63665	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-63665	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63762	MEDCO CONTAINMENT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63762	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63762	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63819	UNITY FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$701.00	
4/15/2012		$701.00	
5/15/2012		$701.00	
6/15/2012		$701.00	
7/15/2012		$701.00	
8/15/2012		$701.00	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,206.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-63819	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63967	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,500.07
4/15/2012	$4,500.07
5/15/2012	$4,500.07
6/15/2012	$4,500.07
7/15/2012	$4,500.07
8/15/2012	$4,500.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,000.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63967	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63967	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	63983	UNITED HERITAGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,326.43
4/15/2012	$2,326.35
5/15/2012	$2,326.35
6/15/2012	$2,326.35
7/15/2012	$2,326.35
8/15/2012	$2,326.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$13,958.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-63983	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-63983	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64017	JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$722.41
4/15/2012	$722.41
5/15/2012	$722.41
6/15/2012	$722.41
7/15/2012	$722.41
8/15/2012	$722.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,334.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64017	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64017	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64076	GREAT FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64076	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64076	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64149	EPIC LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64149	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64149	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64211	GUARANTEE TRUST LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,001.01
4/15/2012	$3,001.01
5/15/2012	$3,001.01
6/15/2012	$3,001.01
7/15/2012	$3,001.01
8/15/2012	$3,001.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,006.05**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64211	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64211	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64238	GUARANTY INCOME LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64238	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64238	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64246	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$160,509.35
4/15/2012	$160,509.35
5/15/2012	$160,509.35
6/15/2012	$160,509.35
7/15/2012	$160,509.35
8/15/2012	$160,509.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$963,056.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64246	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64246	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64327	HARLEYSVILLE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$311.98	
4/15/2012		$311.98	
5/15/2012		$311.98	
6/15/2012		$311.98	
7/15/2012		$311.98	
8/15/2012		$311.98	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,871.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64327	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64327	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64343	PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$646.31
4/15/2012	$646.31
5/15/2012	$646.31
6/15/2012	$646.31
7/15/2012	$646.31
8/15/2012	$646.31
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,877.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64343	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64343	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64360	HOUSEHOLD 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64394	HERITAGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64467	WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64467	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64467	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64505	HOMESTEADERS LIFE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,889.60
4/15/2012	$2,889.60
5/15/2012	$2,889.60
6/15/2012	$2,889.60
7/15/2012	$2,889.60
8/15/2012	$2,889.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,337.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64505	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64505	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64513	HORACE MANN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,491.42
4/15/2012	$4,491.42
5/15/2012	$4,491.42
6/15/2012	$4,491.42
7/15/2012	$4,491.42
8/15/2012	$4,491.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,948.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64513	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64513	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64580	ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,568.50
4/15/2012	$4,568.50
5/15/2012	$4,568.50
6/15/2012	$4,568.50
7/15/2012	$4,568.50
8/15/2012	$4,568.50
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,411.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64580	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64580	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64602	INDEPENDENCE LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64602	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64602	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64688	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64688	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64688	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64696	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64696	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64696	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64831	INTRAMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64831	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64831	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64866	PROGRAMMED LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64890	BERKLEY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,488.51
4/15/2012	$4,489.00
5/15/2012	$4,488.02
6/15/2012	$4,758.32
7/15/2012	$4,489.00
8/15/2012	$4,488.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$27,201.45**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64890	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64890	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64904	INVESTORS HERITAGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-64904	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-64904	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	64939	INVESTORS INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-64939	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-64939	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65005	RIVERSOURCE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$57,493.45
4/15/2012	$57,493.45
5/15/2012	$57,493.45
6/15/2012	$57,493.45
7/15/2012	$57,493.45
8/15/2012	$57,493.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$344,960.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65005	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65005	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65021	STONEBRIDGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,984.57
4/15/2012	$28,984.57
5/15/2012	$28,984.57
6/15/2012	$28,984.57
7/15/2012	$28,984.57
8/15/2012	$28,984.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$173,907.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65021	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65021	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65056	JACKSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,230.48
4/15/2012	$25,230.48
5/15/2012	$25,230.48
6/15/2012	$25,230.48
7/15/2012	$25,230.48
8/15/2012	$25,230.48
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$151,382.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65056	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65056	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65080	JOHN ALDEN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65080	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65080	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65110	KANAWHA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,561.40
4/15/2012	$12,561.40
5/15/2012	$12,561.40
6/15/2012	$12,561.40
7/15/2012	$12,561.40
8/15/2012	$12,561.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$75,368.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65110	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65110	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65129	KANSAS CITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,665.44
4/15/2012	$6,665.44
5/15/2012	$6,665.44
6/15/2012	$6,665.44
7/15/2012	$6,665.44
8/15/2012	$6,665.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$39,992.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65129	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65129	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65242	LAFAYETTE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,922.47
4/15/2012	$28,922.47
5/15/2012	$28,922.47
6/15/2012	$28,922.47
7/15/2012	$28,922.47
8/15/2012	$28,922.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$173,534.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65242	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65242	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65269	UNITED BENEFIT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65269	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65269	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65315	LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$65,435.15
4/15/2012	$65,435.15
5/15/2012	$65,435.15
6/15/2012	$65,435.15
7/15/2012	$65,435.15
8/15/2012	$65,435.15
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$392,610.90**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65315	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65315	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65331	LIBERTY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,512.86
4/15/2012	$9,512.56
5/15/2012	$9,512.56
6/15/2012	$9,512.56
7/15/2012	$9,512.56
8/15/2012	$9,512.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$57,075.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65331	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65331	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65498	LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$142,944.41
4/15/2012	$142,944.41
5/15/2012	$142,944.41
6/15/2012	$142,944.41
7/15/2012	$142,944.41
8/15/2012	$142,944.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$857,666.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65498	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65498	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65528	LIFE INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,872.00
4/15/2012	$17,872.00
5/15/2012	$17,872.00
6/15/2012	$17,872.00
7/15/2012	$17,872.00
8/15/2012	$17,872.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$107,232.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65528	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65528	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65536	GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$67,247.76
4/15/2012	$67,247.76
5/15/2012	$67,247.76
6/15/2012	$67,247.76
7/15/2012	$67,247.76
8/15/2012	$67,247.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$403,486.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65536	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65536	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65595	LINCOLN BENEFIT LIFE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$89,888.78
4/15/2012	$89,888.78
5/15/2012	$89,888.78
6/15/2012	$89,888.78
7/15/2012	$89,888.78
8/15/2012	$89,888.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$539,332.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65595	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65595	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65641	LINCOLN MUTUAL LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65641	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65641	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65676	LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$275,812.40
4/15/2012	$275,812.40
5/15/2012	$275,812.40
6/15/2012	$275,812.40
7/15/2012	$275,812.40
8/15/2012	$275,812.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,654,874.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65676	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65676	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65722	LOYAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,548.14
4/15/2012	$1,548.14
5/15/2012	$1,548.14
6/15/2012	$1,548.14
7/15/2012	$1,548.14
8/15/2012	$1,548.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,288.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65722	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65722	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65781	MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,114.40
4/15/2012	$10,114.40
5/15/2012	$10,114.40
6/15/2012	$10,114.40
7/15/2012	$10,114.40
8/15/2012	$10,114.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$60,686.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65781	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65781	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65811	AMERICAN MODERN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$321.71
4/15/2012	$321.71
5/15/2012	$321.71
6/15/2012	$321.71
7/15/2012	$321.71
8/15/2012	$321.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,930.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65811	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65811	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65838	JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$304,115.96
4/15/2012	$304,115.96
5/15/2012	$304,115.96
6/15/2012	$304,115.96
7/15/2012	$304,115.96
8/15/2012	$304,115.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,824,695.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65838	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65838	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65870	MANHATTAN LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65870	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65870	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65900	CONSECO LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,087.78
4/15/2012	$11,087.78
5/15/2012	$11,087.78
6/15/2012	$11,087.78
7/15/2012	$11,087.78
8/15/2012	$11,087.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$66,526.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65900	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65900	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65919	PRIMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$100,364.39
4/15/2012	$100,364.39
5/15/2012	$100,364.39
6/15/2012	$100,364.39
7/15/2012	$100,364.39
8/15/2012	$100,364.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$602,186.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65919	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65919	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65927	LINCOLN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,104.64
4/15/2012	$3,104.64
5/15/2012	$3,104.64
6/15/2012	$3,104.64
7/15/2012	$3,104.64
8/15/2012	$3,104.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,627.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65927	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65927	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65935	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$105,230.69
4/15/2012	$105,230.69
5/15/2012	$105,230.69
6/15/2012	$105,230.69
7/15/2012	$105,230.69
8/15/2012	$105,230.69
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$631,384.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-65935	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-65935	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65951	MERIT LIFE INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,239.56
4/15/2012	$3,239.56
5/15/2012	$3,239.56
6/15/2012	$3,239.56
7/15/2012	$3,239.56
8/15/2012	$3,239.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,437.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65951	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65951	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65960	WINDSOR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65960	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65960	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	65978	METROPOLITAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$667,476.82
4/15/2012	$667,476.82
5/15/2012	$667,476.82
6/15/2012	$667,476.82
7/15/2012	$667,476.82
8/15/2012	$667,476.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,004,860.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-65978	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-65978	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66001	AMERICAN BENEFIT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66001	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66001	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66044	MIDLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$59,852.87
4/15/2012	$59,852.87
5/15/2012	$59,852.87
6/15/2012	$59,852.87
7/15/2012	$59,852.87
8/15/2012	$59,852.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$359,117.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66044	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66044	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66087	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,690.08
4/15/2012	$9,690.08
5/15/2012	$9,690.08
6/15/2012	$9,690.08
7/15/2012	$9,690.08
8/15/2012	$9,690.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$58,140.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66087	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66087	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66109	MIDWESTERN UNITED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66109	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66109	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66133	WILTON REASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66133	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66133	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66141	HEALTH NET LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$514,983.41
4/15/2012	$514,983.41
5/15/2012	$514,983.41
6/15/2012	$514,983.41
7/15/2012	$514,983.41
8/15/2012	$514,983.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,089,900.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66141	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66141	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66168	MINNESOTA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$155,001.59
4/15/2012	$155,001.59
5/15/2012	$155,001.59
6/15/2012	$155,001.59
7/15/2012	$155,001.59
8/15/2012	$155,001.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$930,009.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66168	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66168	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66214	HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66214	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66214	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66265	MONARCH LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$680.66
4/15/2012	$680.66
5/15/2012	$680.66
6/15/2012	$681.66
7/15/2012	$680.66
8/15/2012	$680.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,084.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66265	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66265	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66281	MONUMENTAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$43,280.33
4/15/2012	$43,280.33
5/15/2012	$43,280.33
6/15/2012	$43,280.33
7/15/2012	$43,280.33
8/15/2012	$43,280.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$259,681.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66281	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66281	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66346	MUNICH AMERICAN REASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66346	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66346	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66370	MONY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,183.42
4/15/2012	$8,183.42
5/15/2012	$8,183.42
6/15/2012	$8,183.42
7/15/2012	$8,183.42
8/15/2012	$8,183.42
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$49,100.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66370	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66370	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66427	MTL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,595.23
4/15/2012	$14,595.23
5/15/2012	$14,595.23
6/15/2012	$14,595.23
7/15/2012	$14,595.23
8/15/2012	$14,595.23
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$87,571.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66427	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66427	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66540	NATIONAL FARMERS UNION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66540	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66540	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66583	NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,135.82
4/15/2012	$14,135.82
5/15/2012	$14,135.82
6/15/2012	$14,135.82
7/15/2012	$14,135.82
8/15/2012	$14,135.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$84,814.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66583	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66583	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66672	AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,410.00
4/15/2012	$2,410.00
5/15/2012	$2,410.00
6/15/2012	$2,410.00
7/15/2012	$2,410.00
8/15/2012	$2,410.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,460.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66672	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66672	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66680	NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,279.00
4/15/2012	$12,279.00
5/15/2012	$12,279.00
6/15/2012	$12,279.00
7/15/2012	$12,279.00
8/15/2012	$12,279.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$73,674.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66680	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66680	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66842	AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,723.00
4/15/2012	$5,723.00
5/15/2012	$5,723.36
6/15/2012	$5,723.36
7/15/2012	$5,723.36
8/15/2012	$5,723.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,339.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66842	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66842	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66850	NATIONAL WESTERN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,667.60
4/15/2012	$4,667.60
5/15/2012	$4,667.60
6/15/2012	$4,667.60
7/15/2012	$4,667.60
8/15/2012	$4,667.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$28,005.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66850	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66850	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66869	NATIONWIDE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$90,859.01
4/15/2012	$90,859.01
5/15/2012	$90,859.01
6/15/2012	$90,859.01
7/15/2012	$90,859.01
8/15/2012	$90,859.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$545,154.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66869	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66869	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66915	NEW YORK LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$223,851.96
4/15/2012	$223,851.96
5/15/2012	$223,851.96
6/15/2012	$223,851.96
7/15/2012	$223,851.96
8/15/2012	$223,851.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,343,111.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-66915	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-66915	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	66974	NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,343.71
4/15/2012	$30,343.71
5/15/2012	$30,343.71
6/15/2012	$30,343.71
7/15/2012	$30,343.71
8/15/2012	$30,343.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$182,062.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-66974	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-66974	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67032	NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67032	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67032	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67059	NORTH COAST LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,383.56
4/15/2012	$1,383.56
5/15/2012	$1,383.56
6/15/2012	$1,383.56
7/15/2012	$1,383.56
8/15/2012	$1,383.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,301.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-67059	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-67059	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67083	MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,255.70
4/15/2012	$1,255.70
5/15/2012	$1,255.70
6/15/2012	$1,255.70
7/15/2012	$1,255.70
8/15/2012	$1,255.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,534.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67083	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67083	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67091	NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$241,750.58
4/15/2012	$241,750.58
5/15/2012	$241,750.58
6/15/2012	$241,750.58
7/15/2012	$241,750.58
8/15/2012	$241,750.58
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,450,503.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67091	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67091	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67105	RELIASTAR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$114,276.32
4/15/2012	$114,276.32
5/15/2012	$114,276.32
6/15/2012	$114,276.32
7/15/2012	$114,276.32
8/15/2012	$114,276.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$685,657.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67105	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67105	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67148	OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,146.51
4/15/2012	$1,146.51
5/15/2012	$1,146.51
6/15/2012	$1,146.51
7/15/2012	$1,146.51
8/15/2012	$1,146.51
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,879.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67148	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67148	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67172	OHIO NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,324.77
4/15/2012	$7,324.77
5/15/2012	$7,324.77
6/15/2012	$7,324.77
7/15/2012	$7,324.77
8/15/2012	$7,324.77
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$43,948.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67172	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67172	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67180	OHIO STATE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,565.03
4/15/2012	$1,565.03
5/15/2012	$1,565.03
6/15/2012	$1,565.03
7/15/2012	$1,565.03
8/15/2012	$1,565.03
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,390.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67180	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67180	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67199	OLD AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,154.98
4/15/2012	$5,154.98
5/15/2012	$5,154.98
6/15/2012	$5,154.98
7/15/2012	$5,154.98
8/15/2012	$5,154.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$30,929.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67199	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67199	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67253	AMERICAN LIFE & SECURITY CORP.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,684.52
4/15/2012	$1,684.52
5/15/2012	$1,684.52
6/15/2012	$1,684.52
7/15/2012	$1,684.52
8/15/2012	$1,684.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,107.12**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67261	OLD REPUBLIC LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,438.32
4/15/2012	$1,438.32
5/15/2012	$1,438.32
6/15/2012	$1,438.32
7/15/2012	$1,438.32
8/15/2012	$1,438.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,629.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-67261	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-67261	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67369	CIGNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$593.26
4/15/2012	$593.26
5/15/2012	$593.26
6/15/2012	$593.26
7/15/2012	$593.26
8/15/2012	$593.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,559.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67369	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67369	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67393	OZARK NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,197.67
4/15/2012	$1,197.67
5/15/2012	$1,197.67
6/15/2012	$1,197.67
7/15/2012	$1,197.67
8/15/2012	$1,197.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,186.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67393	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67393	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67423	UBS LIFE INSURANCE COMPANY USA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67466	PACIFIC LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$148,964.92
4/15/2012	$148,964.92
5/15/2012	$148,964.92
6/15/2012	$148,964.92
7/15/2012	$148,964.92
8/15/2012	$148,964.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$893,789.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67466	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67466	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67539	PAN-AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,084.38
4/15/2012	$6,084.38
5/15/2012	$6,084.38
6/15/2012	$6,084.38
7/15/2012	$6,084.38
8/15/2012	$6,084.38
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$36,506.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67539	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67539	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67598	PAUL REVERE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,551.29
4/15/2012	$13,551.29
5/15/2012	$13,551.29
6/15/2012	$13,551.29
7/15/2012	$13,551.29
8/15/2012	$13,551.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$81,307.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67598	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67598	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67601	PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67601	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67601	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67628	PEKIN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$897.28
4/15/2012	$897.28
5/15/2012	$897.28
6/15/2012	$897.28
7/15/2012	$897.28
8/15/2012	$897.28
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,383.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67628	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67628	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67636	SIGNIFICA INSURANCE GROUP, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$499.53	
4/15/2012		$499.53	
5/15/2012		$499.53	
6/15/2012		$499.53	
7/15/2012		$499.53	
8/15/2012		$499.53	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,997.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67636	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67636	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67644	PENN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,540.45
4/15/2012	$20,540.45
5/15/2012	$20,540.45
6/15/2012	$20,540.45
7/15/2012	$20,540.45
8/15/2012	$20,540.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$123,242.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67644	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67644	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67652	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,489.03
4/15/2012	$9,489.03
5/15/2012	$9,489.03
6/15/2012	$9,489.03
7/15/2012	$9,489.03
8/15/2012	$9,489.03
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$56,934.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67652	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67652	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67660	PENNSYLVANIA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,131.40
4/15/2012	$3,131.40
5/15/2012	$3,131.40
6/15/2012	$3,131.40
7/15/2012	$3,131.40
8/15/2012	$3,131.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,788.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67660	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67660	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67679	AMERICAN REPUBLIC CORP INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,602.32
4/15/2012	$3,602.32
5/15/2012	$3,602.32
6/15/2012	$3,602.32
7/15/2012	$3,602.32
8/15/2012	$3,602.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,613.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-67679	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-67679	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67784	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$554.46
4/15/2012	$554.46
5/15/2012	$554.46
6/15/2012	$554.46
7/15/2012	$554.46
8/15/2012	$554.46
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,326.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67784	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67784	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67814	PHOENIX LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,315.76
4/15/2012	$9,315.76
5/15/2012	$9,315.76
6/15/2012	$9,315.76
7/15/2012	$9,315.76
8/15/2012	$9,315.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$55,894.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67814	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67814	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67873	PIONEER AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67873	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67873	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	67903	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-67903	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-67903	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	67911	PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,724.06
4/15/2012	$2,724.06
5/15/2012	$2,724.06
6/15/2012	$2,724.06
7/15/2012	$2,724.06
8/15/2012	$2,724.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,344.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67911	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67911	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	67989	AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$26,174.09
4/15/2012	$26,174.09
5/15/2012	$26,174.09
6/15/2012	$26,174.09
7/15/2012	$26,174.09
8/15/2012	$26,174.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$157,044.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67989	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-67989	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68039	PRESIDENTIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,291.52
4/15/2012	$1,291.52
5/15/2012	$1,291.52
6/15/2012	$1,291.52
7/15/2012	$1,291.52
8/15/2012	$1,291.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,749.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68039	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68039	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68047	PROFESSIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,438.83
4/15/2012	$1,438.83
5/15/2012	$1,438.83
6/15/2012	$1,438.83
7/15/2012	$1,438.83
8/15/2012	$1,438.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,632.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68047	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68047	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68136	PROTECTIVE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$91,516.83
4/15/2012	$91,517.00
5/15/2012	$91,517.00
6/15/2012	$91,517.00
7/15/2012	$91,517.00
8/15/2012	$94,037.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$551,621.83**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68136	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68136	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68160	BALBOA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,418.18
4/15/2012	$1,418.18
5/15/2012	$1,418.18
6/15/2012	$1,418.18
7/15/2012	$1,418.18
8/15/2012	$1,418.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,509.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68160	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68160	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68179	PROVIDENT AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68179	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68179	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68195	PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$68,806.34
4/15/2012	$68,806.34
5/15/2012	$68,806.34
6/15/2012	$68,806.34
7/15/2012	$68,806.34
8/15/2012	$68,806.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$412,838.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68195	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68195	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68241	PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$285,900.39
4/15/2012	$285,900.39
5/15/2012	$285,900.39
6/15/2012	$285,900.39
7/15/2012	$285,900.39
8/15/2012	$285,900.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,715,402.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68241	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68241	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	68276	EMPLOYERS REASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68276	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68276	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68284	PYRAMID LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$492.69	
4/15/2012		$492.69	
5/15/2012		$492.69	
6/15/2012		$492.69	
7/15/2012		$492.69	
8/15/2012		$492.69	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$2,956.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68284	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68284	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68322	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$41,133.60
4/15/2012	$41,133.60
5/15/2012	$41,133.60
6/15/2012	$41,133.60
7/15/2012	$41,133.60
8/15/2012	$41,133.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$246,801.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68322	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68322	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68357	RELIABLE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68357	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68357	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68365	AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68365	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68373	AMERICAN GENERAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,773.32
4/15/2012	$1,773.32
5/15/2012	$1,773.32
6/15/2012	$1,773.32
7/15/2012	$1,773.32
8/15/2012	$1,773.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,639.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68373	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68373	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68381	RELIANCE STANDARD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,174.66
4/15/2012	$33,174.66
5/15/2012	$33,174.66
6/15/2012	$33,174.66
7/15/2012	$33,174.66
8/15/2012	$33,174.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$199,047.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68381	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68381	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68420	WMI MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,156.53
4/15/2012	$3,156.53
5/15/2012	$3,156.53
6/15/2012	$3,156.53
7/15/2012	$3,156.53
8/15/2012	$3,156.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,939.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68420	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68420	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68446	LONGEVITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68446	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68446	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68462	RESERVE NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,398.72
4/15/2012	$9,398.72
5/15/2012	$9,398.72
6/15/2012	$9,398.72
7/15/2012	$9,398.72
8/15/2012	$9,398.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$56,392.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68462	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68462	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68500	CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,361.91
4/15/2012	$1,361.91
5/15/2012	$1,361.91
6/15/2012	$1,361.91
7/15/2012	$1,361.91
8/15/2012	$1,361.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$8,171.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68500	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68500	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68543	LIBERTY BANKERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68543	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68543	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68594	AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,074.44
4/15/2012	$2,074.44
5/15/2012	$2,074.44
6/15/2012	$2,074.44
7/15/2012	$2,074.44
8/15/2012	$2,074.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,446.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68594	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68594	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68608	SYMETRA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$84,560.56
4/15/2012	$84,184.34
5/15/2012	$83,808.10
6/15/2012	$81,550.68
7/15/2012	$81,550.68
8/15/2012	$81,550.68
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$497,205.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68608	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68608	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68632	VANTIS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68632	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68632	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68675	SECURITY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,742.73	
4/15/2012		$1,742.73	
5/15/2012		$1,742.73	
6/15/2012		$1,742.73	
7/15/2012		$1,742.73	
8/15/2012		$1,742.73	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$10,456.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68675	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68675	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68713	SECURITY LIFE OF DENVER INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$56,572.97
4/15/2012	$56,572.97
5/15/2012	$56,572.97
6/15/2012	$56,572.97
7/15/2012	$56,572.97
8/15/2012	$56,572.97
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$339,437.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68713	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68713	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68721	SECURITY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,087.75
4/15/2012	$2,087.75
5/15/2012	$2,087.50
6/15/2012	$2,087.75
7/15/2012	$2,087.75
8/15/2012	$2,087.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,526.25**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68721	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68721	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68772	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,174.00
4/15/2012	$4,174.00
5/15/2012	$4,174.00
6/15/2012	$4,174.00
7/15/2012	$4,174.00
8/15/2012	$4,174.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,044.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68772	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68772	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68802	SENTINEL SECURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,945.56
4/15/2012	$3,945.56
5/15/2012	$3,945.56
6/15/2012	$3,946.56
7/15/2012	$3,946.56
8/15/2012	$3,946.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$23,676.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68802	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68802	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68810	SENTRY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,929.01
4/15/2012	$2,929.01
5/15/2012	$2,929.01
6/15/2012	$2,929.01
7/15/2012	$2,929.01
8/15/2012	$2,929.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,574.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-68810	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68810	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68845	SHENANDOAH LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**VA**	**Business Type**	**LD**	LIFE & DISABILITY INSURER
		Entity Type	**MU**	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$797.69	
4/15/2012		$797.69	
5/15/2012		$797.69	
6/15/2012		$797.69	
7/15/2012		$797.69	
8/15/2012		$797.69	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,786.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA10-68845	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-68845	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA12-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
HCA10-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
HCA11-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA11-68845	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
FRA12-68845	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	68985	STARMOUNT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$665.60
4/15/2012	$665.60
5/15/2012	$665.60
6/15/2012	$665.60
7/15/2012	$665.60
8/15/2012	$665.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,993.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-68985	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-68985	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69000	NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,039.26
4/15/2012	$9,039.26
5/15/2012	$9,039.26
6/15/2012	$9,039.26
7/15/2012	$9,039.26
8/15/2012	$9,039.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$54,235.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69000	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69000	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69019	STANDARD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$100,075.54	
4/15/2012		$100,075.54	
5/15/2012		$100,075.54	
6/15/2012		$100,075.54	
7/15/2012		$100,075.54	
8/15/2012		$100,075.54	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$600,453.24**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69019	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69019	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69078	STANDARD SECURITY LIFE INSURANCE COMPANY OF NY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,391.35
4/15/2012	$25,391.35
5/15/2012	$25,391.35
6/15/2012	$25,391.35
7/15/2012	$25,391.35
8/15/2012	$25,391.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$152,348.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69078	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69078	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69108	STATE FARM LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$166,468.83
4/15/2012	$166,468.83
5/15/2012	$166,468.83
6/15/2012	$166,468.83
7/15/2012	$166,468.83
8/15/2012	$166,468.83
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$998,812.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69108	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69116	STATE LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,232.50
4/15/2012	$11,232.50
5/15/2012	$11,232.50
6/15/2012	$11,232.50
7/15/2012	$11,232.50
8/15/2012	$11,232.50
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$67,395.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69116	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69116	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69132	STATE MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,609.09
4/15/2012	$1,609.09
5/15/2012	$1,609.09
6/15/2012	$1,609.09
7/15/2012	$1,609.09
8/15/2012	$1,609.09
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,654.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69132	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69132	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	69140	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69140	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69140	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	69256	SUNAMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69272	SUNSET LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$984.91
4/15/2012	$984.91
5/15/2012	$984.91
6/15/2012	$984.91
7/15/2012	$984.91
8/15/2012	$984.91
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,909.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69272	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69272	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69310	SURETY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,203.31
4/15/2012	$1,203.31
5/15/2012	$1,203.31
6/15/2012	$1,203.31
7/15/2012	$1,203.31
8/15/2012	$1,287.55
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,304.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69310	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69310	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69329	SURETY LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69329	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69329	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69337	AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69337	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69337	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69345	TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,461.37
4/15/2012	$4,461.37
5/15/2012	$4,461.37
6/15/2012	$4,461.37
7/15/2012	$4,461.37
8/15/2012	$4,461.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,768.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69345	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69345	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69396	TEXAS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,524.62
4/15/2012	$3,524.62
5/15/2012	$3,524.62
6/15/2012	$3,524.62
7/15/2012	$3,524.62
8/15/2012	$3,524.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,147.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69396	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69477	TIME INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$102,625.11
4/15/2012	$102,625.11
5/15/2012	$102,625.11
6/15/2012	$102,625.11
7/15/2012	$102,625.11
8/15/2012	$102,625.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$615,750.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69477	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69477	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69485	SECURITY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,584.45
4/15/2012	$1,584.45
5/15/2012	$1,584.45
6/15/2012	$1,584.45
7/15/2012	$1,584.45
8/15/2012	$1,584.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,506.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69485	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69485	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69515	MEDAMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,238.30
4/15/2012	$3,238.30
5/15/2012	$3,238.30
6/15/2012	$3,238.30
7/15/2012	$3,238.30
8/15/2012	$3,238.30
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,429.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69515	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69515	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69566	TRANS WORLD ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$354.92
4/15/2012	$354.92
5/15/2012	$354.92
6/15/2012	$354.92
7/15/2012	$354.92
8/15/2012	$354.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,129.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69566	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69566	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69595	AMERICAN CLASSIC 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69604	ALLIANZ LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69604	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69647	CATALYST RX PLAN SERVICES INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69647	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69647	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69663	USAA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$74,819.02
4/15/2012	$74,819.02
5/15/2012	$74,819.02
6/15/2012	$74,819.02
7/15/2012	$74,819.02
8/15/2012	$74,819.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$448,914.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69663	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69663	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69701	UNION BANKERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$665.33
4/15/2012	$665.33
5/15/2012	$665.33
6/15/2012	$665.33
7/15/2012	$665.33
8/15/2012	$665.33
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,991.98**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69701	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69701	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69744	UNION LABOR LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,011.24
4/15/2012	$6,011.24
5/15/2012	$6,011.24
6/15/2012	$6,011.24
7/15/2012	$6,011.24
8/15/2012	$6,011.24
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$36,067.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69744	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69744	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69868	UNITED OF OMAHA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$249,650.99
4/15/2012	$249,650.99
5/15/2012	$249,650.99
6/15/2012	$249,650.99
7/15/2012	$249,650.99
8/15/2012	$249,650.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,497,905.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69868	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69868	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69892	UNITED FARM FAMILY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$982.57
4/15/2012	$982.57
5/15/2012	$982.57
6/15/2012	$982.57
7/15/2012	$982.57
8/15/2012	$982.57
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,895.42**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69914	SEARS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,059.89
4/15/2012	$2,059.89
5/15/2012	$2,059.89
6/15/2012	$2,059.89
7/15/2012	$2,059.89
8/15/2012	$2,059.89
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,359.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69914	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69914	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69922	UNITED HOME LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$615.39
4/15/2012	$615.39
5/15/2012	$615.39
6/15/2012	$615.39
7/15/2012	$615.39
8/15/2012	$615.39
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,692.34**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69922	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69922	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69930	UNITED INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-69930	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-69930	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	69973	UNITED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$851.72
4/15/2012	$851.72
5/15/2012	$851.72
6/15/2012	$851.72
7/15/2012	$851.72
8/15/2012	$851.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,110.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-69973	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-69973	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70025	GENWORTH LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$130,195.90
4/15/2012	$130,195.90
5/15/2012	$130,195.90
6/15/2012	$130,195.90
7/15/2012	$130,195.90
8/15/2012	$130,195.90
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$781,175.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70025	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70025	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70106	UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$16,257.67
4/15/2012	$16,257.67
5/15/2012	$16,257.67
6/15/2012	$16,257.67
7/15/2012	$16,257.67
8/15/2012	$16,257.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$97,546.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70106	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70106	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70122	UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,202.37
4/15/2012	$1,202.37
5/15/2012	$1,202.37
6/15/2012	$1,202.37
7/15/2012	$1,202.37
8/15/2012	$1,202.37
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,214.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70122	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70122	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70130	UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70130	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70173	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70173	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70173	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70211	REASSURE AMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$44,303.14
4/15/2012	$44,303.14
5/15/2012	$44,303.14
6/15/2012	$44,303.14
7/15/2012	$44,303.14
8/15/2012	$44,303.14
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$265,818.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70211	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70211	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70238	VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70238	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70319	WASHINGTON NATIONAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,766.56
4/15/2012	$9,766.56
5/15/2012	$9,766.56
6/15/2012	$9,766.56
7/15/2012	$9,766.56
8/15/2012	$9,766.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$58,599.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-70319	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-70319	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70335	WEST COAST LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$52,174.26
4/15/2012	$52,174.00
5/15/2012	$52,174.00
6/15/2012	$52,174.00
7/15/2012	$52,174.00
8/15/2012	$52,174.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$313,044.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-70335	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-70335	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70408	UNION SECURITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$92,820.62
4/15/2012	$92,820.62
5/15/2012	$92,820.62
6/15/2012	$92,820.62
7/15/2012	$92,820.62
8/15/2012	$92,820.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$556,923.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70408	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70408	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70416	MML BAY STATE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,453.61	
4/15/2012		$3,453.61	
5/15/2012		$3,453.61	
6/15/2012		$3,453.61	
7/15/2012		$3,453.61	
8/15/2012		$3,453.61	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,721.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-70416	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-70416	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70432	WESTERN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70432	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70432	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70435	SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,023.78
4/15/2012	$3,023.78
5/15/2012	$3,023.78
6/15/2012	$3,023.78
7/15/2012	$3,023.78
8/15/2012	$3,023.78
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,142.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70435	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70483	WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,567.36
4/15/2012	$3,567.36
5/15/2012	$3,567.36
6/15/2012	$3,567.36
7/15/2012	$3,567.36
8/15/2012	$3,567.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$21,404.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70483	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70483	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70580	HUMANADENTAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,177.35
4/15/2012	$28,177.35
5/15/2012	$28,177.35
6/15/2012	$28,177.35
7/15/2012	$28,177.35
8/15/2012	$28,177.35
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$169,064.10**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70580	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70580	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70629	WORLD INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,634.34
4/15/2012	$15,634.34
5/15/2012	$15,634.34
6/15/2012	$15,634.34
7/15/2012	$15,634.34
8/15/2012	$15,634.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$93,806.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70629	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70629	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70670	HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,634.08
4/15/2012	$14,634.08
5/15/2012	$14,634.08
6/15/2012	$14,634.08
7/15/2012	$14,634.08
8/15/2012	$14,634.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$87,804.48**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70670	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70670	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70688	TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,146.99
4/15/2012	$1,146.99
5/15/2012	$1,146.99
6/15/2012	$1,146.99
7/15/2012	$1,146.99
8/15/2012	$1,146.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,881.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70688	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70688	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70742	FAMILY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70742	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70785	PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70785	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70785	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70815	HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$249,759.96
4/15/2012	$249,759.96
5/15/2012	$249,759.96
6/15/2012	$249,759.96
7/15/2012	$249,759.96
8/15/2012	$249,759.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,498,559.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70815	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70815	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70866	ALLSTATE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70866	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	70939	GERBER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,495.32
4/15/2012	$15,495.32
5/15/2012	$15,495.32
6/15/2012	$15,495.32
7/15/2012	$15,495.32
8/15/2012	$15,495.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$92,971.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-70939	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-70939	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71013	BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71013	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71013	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71072	MARQUETTE NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$410.88
4/15/2012	$410.88
5/15/2012	$410.88
6/15/2012	$410.88
7/15/2012	$410.88
8/15/2012	$410.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,465.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71072	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71072	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71099	PARKER CENTENNIAL ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71099	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71099	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71129	DEARBORN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$17,587.03
4/15/2012	$17,587.03
5/15/2012	$17,587.03
6/15/2012	$17,587.03
7/15/2012	$17,587.03
8/15/2012	$17,587.03
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$105,522.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71129	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71129	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71153	HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$106,757.92
4/15/2012	$106,757.92
5/15/2012	$106,757.92
6/15/2012	$106,757.92
7/15/2012	$106,757.92
8/15/2012	$106,757.92
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$640,547.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71153	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71153	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71161	PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,125.96
4/15/2012	$13,125.96
5/15/2012	$13,125.96
6/15/2012	$13,125.96
7/15/2012	$13,125.96
8/15/2012	$13,125.96
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$78,755.76**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71161	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71161	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71323	ZALE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71331	CAREAMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$356.56
4/15/2012	$356.56
5/15/2012	$356.56
6/15/2012	$356.56
7/15/2012	$356.56
8/15/2012	$356.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,139.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71331	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71331	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71390	PURITAN LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$877.11
4/15/2012	$827.47
5/15/2012	$827.47
6/15/2012	$827.47
7/15/2012	$827.47
8/15/2012	$827.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,014.46**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71404	CONTINENTAL GENERAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,578.76
4/15/2012	$2,578.76
5/15/2012	$2,578.76
6/15/2012	$2,578.76
7/15/2012	$2,578.76
8/15/2012	$2,578.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$15,472.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71404	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71404	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71412	MUTUAL OF OMAHA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$68,232.20
4/15/2012	$68,232.20
5/15/2012	$68,232.20
6/15/2012	$68,232.20
7/15/2012	$68,232.20
8/15/2012	$68,232.20
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$409,393.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71412	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71412	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71420	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71420	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-71420	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71439	ASSURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,155.05
4/15/2012	$11,155.05
5/15/2012	$11,155.05
6/15/2012	$11,155.05
7/15/2012	$11,155.05
8/15/2012	$11,155.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$66,930.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71439	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71439	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71455	FINANCIAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71455	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71455	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71463	CICA LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71463	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71463	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71471	ABILITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,810.24
4/15/2012	$7,810.00
5/15/2012	$7,810.24
6/15/2012	$7,810.24
7/15/2012	$7,810.24
8/15/2012	$7,810.24
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$46,861.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71471	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71471	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71480	GREAT WESTERN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$29,347.05
4/15/2012	$29,347.05
5/15/2012	$29,347.05
6/15/2012	$29,357.05
7/15/2012	$29,347.08
8/15/2012	$29,347.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$176,092.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-71480	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71595	LEWER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71595	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71595	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71714	BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,488.79
4/15/2012	$30,488.79
5/15/2012	$30,488.79
6/15/2012	$30,488.79
7/15/2012	$30,488.79
8/15/2012	$30,488.79
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$182,932.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71714	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71714	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71730	CONTINENTAL AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,577.61
4/15/2012	$9,577.61
5/15/2012	$9,577.61
6/15/2012	$9,577.61
7/15/2012	$9,577.61
8/15/2012	$9,577.61
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$57,465.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71730	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71730	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	71768	HM HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71768	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71768	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71773	AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,091.95
4/15/2012	$3,091.95
5/15/2012	$3,091.95
6/15/2012	$3,091.95
7/15/2012	$3,091.95
8/15/2012	$3,091.95
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,551.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71773	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71773	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71854	AAA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$15,380.71
4/15/2012	$15,380.71
5/15/2012	$15,380.71
6/15/2012	$15,380.71
7/15/2012	$15,380.71
8/15/2012	$15,380.71
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$92,284.26**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71854	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71854	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71870	FIDELITY SECURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$42,250.73
4/15/2012	$42,250.73
5/15/2012	$42,250.73
6/15/2012	$42,250.73
7/15/2012	$42,250.73
8/15/2012	$42,250.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$253,504.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71870	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71870	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71919	DIRECT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-71919	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-71919	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	71986	TRANSAM ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72052	AETNA HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,391.88
4/15/2012	$5,391.88
5/15/2012	$5,391.88
6/15/2012	$5,391.88
7/15/2012	$5,391.88
8/15/2012	$5,391.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$32,351.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-72052	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-72052	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72125	PHYSICIANS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,069.64
4/15/2012	$19,069.64
5/15/2012	$19,069.64
6/15/2012	$19,069.64
7/15/2012	$19,069.64
8/15/2012	$19,069.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$114,417.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-72125	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-72125	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72222	AMICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,110.00
4/15/2012	$2,110.00
5/15/2012	$2,110.00
6/15/2012	$2,110.00
7/15/2012	$2,110.00
8/15/2012	$2,110.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,660.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-72222	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72362	PEKIN FINANCIAL LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72613	USAA DIRECT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-72613	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-72613	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72850	UNITED WORLD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,446.10
4/15/2012	$21,446.10
5/15/2012	$21,446.10
6/15/2012	$21,446.10
7/15/2012	$21,446.10
8/15/2012	$21,446.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$128,676.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-72850	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-72850	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	72958	CANYON STATE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73288	HUMANA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$172,141.94
4/15/2012	$172,141.94
5/15/2012	$172,141.94
6/15/2012	$172,141.94
7/15/2012	$172,141.94
8/15/2012	$172,141.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,032,851.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-73288	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-73288	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73474	DENTEGRA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,988.75
4/15/2012	$12,988.75
5/15/2012	$12,988.75
6/15/2012	$12,988.75
7/15/2012	$12,988.75
8/15/2012	$12,988.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$77,932.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-73474	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-73474	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	73504	GENERATION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	74004	FAMILY SERVICE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-74004	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	74209	EVERENCE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-74209	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-74209	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	74780	INTEGRITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-74780	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-74780	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	74900	BROKERS NATIONAL LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-74900	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-74900	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76007	OLD UNITED LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$1,905.56	
4/15/2012		$1,905.56	
5/15/2012		$1,905.56	
6/15/2012		$1,905.56	
7/15/2012		$1,905.56	
8/15/2012		$1,905.56	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,433.36**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76023	COLUMBIAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,868.72
4/15/2012	$1,868.72
5/15/2012	$1,868.72
6/15/2012	$1,868.72
7/15/2012	$1,868.72
8/15/2012	$1,868.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,212.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-76023	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-76023	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76112	OXFORD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76236	CINCINNATI LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,367.74
4/15/2012	$4,367.74
5/15/2012	$4,367.74
6/15/2012	$4,367.74
7/15/2012	$4,367.74
8/15/2012	$4,367.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,206.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-76236	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-76236	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76325	SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,794.00
4/15/2012	$11,794.44
5/15/2012	$11,794.44
6/15/2012	$11,794.44
7/15/2012	$11,794.44
8/15/2012	$11,794.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$70,766.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-76325	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-76325	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76694	LONDON LIFE REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-76694	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-76694	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	76759	SENIOR AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,585.94
4/15/2012	$1,585.94
5/15/2012	$1,585.94
6/15/2012	$1,585.94
7/15/2012	$1,585.94
8/15/2012	$1,585.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,515.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-76759	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-76759	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77119	SENTINEL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77119	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77119	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77151	SERVICE LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77151	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77151	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77399	STERLING LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,247.66
4/15/2012	$4,247.66
5/15/2012	$4,247.66
6/15/2012	$4,247.66
7/15/2012	$4,247.66
8/15/2012	$4,247.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,485.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77399	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77399	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77674	TOWN & COUNTRY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77674	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77674	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77690	TRANS-CITY LIFE INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,463.27
4/15/2012	$6,463.27
5/15/2012	$6,463.27
6/15/2012	$6,463.27
7/15/2012	$6,463.27
8/15/2012	$6,463.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$38,779.62**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77720	LIFESECURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77720	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77720	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77828	COMPANION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,811.00
4/15/2012	$33,810.76
5/15/2012	$33,810.76
6/15/2012	$33,810.76
7/15/2012	$33,810.76
8/15/2012	$33,810.76
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$202,864.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77828	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77828	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77879	5 STAR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,820.47
4/15/2012	$10,820.47
5/15/2012	$10,820.47
6/15/2012	$10,820.47
7/15/2012	$10,820.47
8/15/2012	$10,820.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$64,922.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77879	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77879	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77925	WESTERN UNITED LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-77925	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	77968	FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,199.16
4/15/2012	$11,199.16
5/15/2012	$11,199.16
6/15/2012	$11,199.16
7/15/2012	$11,199.16
8/15/2012	$11,199.16
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$67,194.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-77968	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-77968	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78077	MONY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$10,871.25
4/15/2012	$10,871.25
5/15/2012	$10,871.25
6/15/2012	$10,871.25
7/15/2012	$10,871.25
8/15/2012	$10,871.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$65,227.50**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78093	FINANCIAL ASSURANCE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-78093	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78301	CORVESTA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78409	WORKMEN'S LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78549	FUTURAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78611	HCSC INSURANCE SERVICES COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-78611	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-78611	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78662	SENIOR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-78662	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-78662	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78700	AETNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-78700	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-78700	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78743	NEW ERA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-78743	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-78743	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	78778	GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,607.11
4/15/2012	$1,607.11
5/15/2012	$1,607.11
6/15/2012	$1,607.11
7/15/2012	$1,607.11
8/15/2012	$1,607.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,642.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-78778	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-78778	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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NAIC / Name	79014	SAFEHEALTH LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79014	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79014	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79022	TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,195.62
4/15/2012	$1,195.62
5/15/2012	$1,195.62
6/15/2012	$1,195.62
7/15/2012	$1,195.62
8/15/2012	$1,195.62
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,173.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79022	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79022	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79057	SOUTHLAND NATIONAL INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,243.44
4/15/2012	$3,243.44
5/15/2012	$3,243.44
6/15/2012	$3,243.44
7/15/2012	$3,243.44
8/15/2012	$3,243.44
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,460.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79057	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79057	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79065	SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,897.88
4/15/2012	$12,897.88
5/15/2012	$12,897.88
6/15/2012	$12,897.88
7/15/2012	$12,897.88
8/15/2012	$12,897.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$77,387.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79065	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79065	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79227	PRUCO LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$93,140.02
4/15/2012	$93,140.02
5/15/2012	$93,140.02
6/15/2012	$93,140.02
7/15/2012	$93,140.02
8/15/2012	$93,140.02
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$558,840.12**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79413	UNITEDHEALTHCARE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,958,011.93
4/15/2012	$1,958,011.93
5/15/2012	$1,958,011.93
6/15/2012	$1,958,011.93
7/15/2012	$1,958,011.93
8/15/2012	$1,958,011.93
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,748,071.58**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79413	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79413	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79782	ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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NAIC / Name	79987	WORLD CORP INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-79987	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-79987	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	79995	JRD LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80020	MOUNTAIN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80020	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80020	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80055	SMART INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LD**	LIFE & DISABILITY INSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80314	UNICARE LIFE & HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,725.75
4/15/2012	$1,725.75
5/15/2012	$1,725.75
6/15/2012	$1,725.75
7/15/2012	$1,725.75
8/15/2012	$1,725.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,354.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80314	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80314	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80578	PHYSICIANS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,882.77
4/15/2012	$20,882.77
5/15/2012	$20,882.77
6/15/2012	$20,882.77
7/15/2012	$20,882.77
8/15/2012	$20,882.77
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$125,296.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80578	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80578	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80659	CANADA LIFE ASSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,577.25
4/15/2012	$1,577.25
5/15/2012	$1,577.25
6/15/2012	$1,577.25
7/15/2012	$1,577.25
8/15/2012	$1,577.25
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,463.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80659	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80659	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80675	CROWN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,004.10
4/15/2012	$1,004.10
5/15/2012	$1,004.10
6/15/2012	$1,004.10
7/15/2012	$1,004.10
8/15/2012	$1,004.10
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,024.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80675	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80675	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80705	GREAT-WEST LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,729.19
4/15/2012	$2,729.19
5/15/2012	$2,729.19
6/15/2012	$2,729.19
7/15/2012	$2,729.19
8/15/2012	$2,729.19
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$16,375.14**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80705	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80705	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80799	CELTIC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$4,507.41	
4/15/2012		$4,507.41	
5/15/2012		$4,507.41	
6/15/2012		$4,507.41	
7/15/2012		$4,507.41	
8/15/2012		$4,507.41	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$27,044.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80799	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80799	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80802	SUN LIFE ASSURANCE COMPANY OF CANADA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$107,117.27
4/15/2012	$107,117.27
5/15/2012	$107,117.27
6/15/2012	$107,117.27
7/15/2012	$107,117.27
8/15/2012	$107,117.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$642,703.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80802	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80802	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	80837	UNION CENTRAL LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$20,257.13
4/15/2012	$20,257.13
5/15/2012	$20,257.13
6/15/2012	$20,257.13
7/15/2012	$20,257.13
8/15/2012	$20,257.13
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$121,542.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80837	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80837	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	80896	CENTRE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,046.81	
4/15/2012		$3,046.81	
5/15/2012		$3,046.81	
6/15/2012		$3,046.81	
7/15/2012		$3,046.81	
8/15/2012		$3,046.81	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$18,280.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80896	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80896	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	80926	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,837.41
4/15/2012	$5,837.41
5/15/2012	$5,837.41
6/15/2012	$5,837.41
7/15/2012	$5,837.41
8/15/2012	$5,837.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$35,024.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-80926	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-80926	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	80942	ING USA ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,240.59
4/15/2012	$1,240.59
5/15/2012	$1,240.59
6/15/2012	$1,240.59
7/15/2012	$1,240.59
8/15/2012	$1,240.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,443.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80942	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80942	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	80985	4 EVER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$477.40	
4/15/2012		$477.40	
5/15/2012		$477.40	
6/15/2012		$477.40	
7/15/2012		$477.40	
8/15/2012		$477.40	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,864.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-80985	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-80985	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	81043	BANKERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-81043	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-81043	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	81078	AMERICAN NETWORK INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81108	UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$8,066.38	
4/15/2012		$8,066.38	
5/15/2012		$8,066.38	
6/15/2012		$8,066.38	
7/15/2012		$8,066.38	
8/15/2012		$8,066.38	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$48,398.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81108	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81108	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81132	LIFE OF AMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81132	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81132	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81213	AMERICAN MATURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81213	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81213	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81264	NIPPON LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-81264	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-81264	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81353	NYLIFE INSURANCE COMPANY OF ARIZONA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,059.49
4/15/2012	$5,059.49
5/15/2012	$5,059.49
6/15/2012	$5,059.49
7/15/2012	$5,059.49
8/15/2012	$5,059.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$30,356.94**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	81396	DELTA DENTAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-81396	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-81396	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81418	AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,332.60
4/15/2012	$4,332.60
5/15/2012	$4,332.60
6/15/2012	$4,332.60
7/15/2012	$4,332.60
8/15/2012	$4,332.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$25,995.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81418	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81418	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81426	COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-81426	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-81426	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81442	MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$937.56
4/15/2012	$937.56
5/15/2012	$937.56
6/15/2012	$937.56
7/15/2012	$937.56
8/15/2012	$937.56
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,625.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81442	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81442	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81604	TEB LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81779	INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-81779	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-81779	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	81973	COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-81973	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-81973	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82082	CITIZENS NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-82082	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-82082	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82252	LANDMARK LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-82252	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82368	HBI LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82406	ALL SAVERS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,884.98
4/15/2012	$1,884.98
5/15/2012	$1,884.98
6/15/2012	$1,884.98
7/15/2012	$1,884.98
8/15/2012	$1,884.98
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,309.88**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-82406	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-82406	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82538	NATIONAL HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-82538	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-82538	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82627	SWISS RE LIFE & HEALTH AMERICA INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-82627	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-82627	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	82880	CSI LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-82880	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-82880	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83232	GUARANTEE SECURITY 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83445	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	83607	GUGGENHEIM LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-83607	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-83607	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84174	EMPLOYEES LIFE COMPANY (MUTUAL)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,011.28
4/15/2012	$1,011.28
5/15/2012	$1,011.28
6/15/2012	$1,011.28
7/15/2012	$1,011.28
8/15/2012	$1,011.28
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,067.68**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-84174	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-84174	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84395	GREAT SOUTHEASTERN 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84506	PACIFICARE LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-84506	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-84506	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84514	INDUSTRIAL ALLIANCE PACIFIC I & F SVS INC (U.S. BRANCH)

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,097.00
4/15/2012	$1,097.00
5/15/2012	$1,097.00
6/15/2012	$1,097.00
7/15/2012	$1,097.00
8/15/2012	$1,097.00
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$6,582.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-84514	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-84514	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84522	AUTO CLUB LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$326.59
4/15/2012	$326.59
5/15/2012	$326.59
6/15/2012	$326.59
7/15/2012	$326.59
8/15/2012	$326.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,959.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-84522	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-84522	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84530	U.S. FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$7,621.40
4/15/2012	$7,621.40
5/15/2012	$7,621.40
6/15/2012	$7,621.40
7/15/2012	$7,621.40
8/15/2012	$7,621.40
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$45,728.40**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-84530	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84549	VISTA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-84549	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-84549	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84697	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-84697	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-84697	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84786	COLORADO BANKERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,038.17
4/15/2012	$2,038.17
5/15/2012	$2,038.17
6/15/2012	$2,038.17
7/15/2012	$2,038.17
8/15/2012	$2,038.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$12,229.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-84786	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-84786	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	84824	COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$4,449.66
4/15/2012	$4,449.66
5/15/2012	$4,449.66
6/15/2012	$4,449.66
7/15/2012	$4,449.66
8/15/2012	$4,449.66
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$26,697.96**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-84824	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-84824	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85189	INVESTORS CONSOLIDATED INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-85189	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-85189	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85286	ONENATION INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-85286	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-85286	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85413	REGIONS LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85472	NATIONAL SECURITY LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-85472	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85502	TENNESSEE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85537	WELLINGTON LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85561	PERICO LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,207.64
4/15/2012	$1,207.64
5/15/2012	$1,207.64
6/15/2012	$1,207.64
7/15/2012	$1,207.64
8/15/2012	$1,207.64
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,245.84**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-85561	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-85561	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85766	UNITED CONCORDIA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,326.67
4/15/2012	$30,326.67
5/15/2012	$30,326.67
6/15/2012	$30,326.67
7/15/2012	$30,326.67
8/15/2012	$30,326.67
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$181,960.02**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85944	INVESTORS GROWTH LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 56:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	85995	SUNTRUST INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86126	MEMBERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86126	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-86126	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86231	TRANSAMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$205,470.11
4/15/2012	$205,470.11
5/15/2012	$205,470.11
6/15/2012	$205,470.11
7/15/2012	$205,470.11
8/15/2012	$205,470.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,232,820.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86231	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-86231	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86240	CENSTAT LIFE ASSURANCE CO.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86258	GENERAL RE LIFE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86258	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86355	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,450.75
4/15/2012	$3,450.75
5/15/2012	$3,450.75
6/15/2012	$3,450.75
7/15/2012	$3,450.75
8/15/2012	$3,450.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,704.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86355	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-86355	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86371	ULLICO LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-86371	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-86371	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86509	ING LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,863.63
4/15/2012	$2,863.63
5/15/2012	$2,863.63
6/15/2012	$2,863.63
7/15/2012	$2,863.63
8/15/2012	$2,863.63
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,181.78**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86509	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-86509	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	86630	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-86630	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-86630	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87017	SCOR GLOBAL LIFE RE INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-87017	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-87017	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87220	EQUITABLE 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87289	GEORGIA PEOPLES LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87394	MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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NAIC / Name	87572	SCOTTISH RE (U.S.), INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-87572	Fraud Unit Assessment [ARS § 20-466(J)]	**$500.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87645	UNITED FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$405.12
4/15/2012	$405.12
5/15/2012	$405.12
6/15/2012	$405.12
7/15/2012	$405.12
8/15/2012	$405.12
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,430.72**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-87645	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-87645	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87726	METLIFE INSURANCE COMPANY OF CONNECTICUT

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,849.53
4/15/2012	$21,849.53
5/15/2012	$21,849.53
6/15/2012	$21,849.53
7/15/2012	$21,849.53
8/15/2012	$21,849.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$131,097.18**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-87726	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-87726	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	87963	NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-87963	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-87963	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	88072	HARTFORD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,693.49
4/15/2012	$9,693.49
5/15/2012	$9,693.49
6/15/2012	$9,693.49
7/15/2012	$9,693.49
8/15/2012	$9,693.49
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$58,160.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88072	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88072	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88080	XL LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88080	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88080	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88099	OPTIMUM RE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88099	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88099	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88153	COLONIAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88153	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88153	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88226	MODERN LIFE INSURANCE COMPANY OF ARIZONA, 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88366	AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-88366	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-88366	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88536	PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-88536	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-88536	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88595	EMPHESYS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88595	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88595	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	88668	MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-88668	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-88668	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89071	SEB TRYGG LIFE (USA) ASSURANCE COMPANY LIMITED

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89087	ENTERPRISE LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-89087	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-89087	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89184	STERLING INVESTORS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$609.05
4/15/2012	$609.05
5/15/2012	$609.05
6/15/2012	$609.05
7/15/2012	$609.05
8/15/2012	$609.05
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,654.30**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-89184	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-89184	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89206	OHIO NATIONAL LIFE ASSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,968.11
4/15/2012	$13,968.11
5/15/2012	$13,968.11
6/15/2012	$13,968.11
7/15/2012	$13,968.11
8/15/2012	$13,968.11
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$83,808.66**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-89206	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-89206	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89427	AMERICAN LABOR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89518	VALUE HEALTH REINSURANCE, INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	89958	J.M.I.C. LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-89958	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-89958	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90212	GREAT SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,354.75
4/15/2012	$2,354.75
5/15/2012	$2,354.75
6/15/2012	$2,354.75
7/15/2012	$2,354.75
8/15/2012	$2,354.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,128.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90212	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90212	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90247	PHARMACISTS LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$454.70
4/15/2012	$454.70
5/15/2012	$454.70
6/15/2012	$454.70
7/15/2012	$454.70
8/15/2012	$454.70
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,728.20**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-90247	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90328	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,255.75
4/15/2012	$1,255.75
5/15/2012	$1,255.75
6/15/2012	$1,255.75
7/15/2012	$1,255.75
8/15/2012	$1,255.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$7,534.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90328	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90328	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90557	ZURICH AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,366.29
4/15/2012	$2,366.29
5/15/2012	$2,366.29
6/15/2012	$2,366.29
7/15/2012	$2,366.29
8/15/2012	$2,366.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,197.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90557	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90557	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90581	SYMETRA NATIONAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90581	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90581	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90611	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$34,931.82
4/15/2012	$34,931.82
5/15/2012	$34,931.82
6/15/2012	$34,931.82
7/15/2012	$34,931.82
8/15/2012	$34,931.82
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$209,590.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90611	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90611	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90638	BEST LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90638	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90638	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	90670	SCOTTISH RE LIFE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-90670	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-90670	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91413	WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,523.34
4/15/2012	$28,523.34
5/15/2012	$28,523.34
6/15/2012	$28,523.34
7/15/2012	$28,523.34
8/15/2012	$28,523.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$171,140.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91413	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91413	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91472	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$24,322.87
4/15/2012	$24,322.87
5/15/2012	$24,322.87
6/15/2012	$24,322.87
7/15/2012	$24,322.87
8/15/2012	$24,322.87
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$145,937.22**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91472	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91472	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91529	UNIMERICA INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,612.01
4/15/2012	$5,612.01
5/15/2012	$5,612.01
6/15/2012	$5,612.01
7/15/2012	$5,612.01
8/15/2012	$5,612.01
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$33,672.06**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91529	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91529	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91596	NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$100,522.73
4/15/2012	$100,522.73
5/15/2012	$100,522.73
6/15/2012	$100,522.73
7/15/2012	$100,522.73
8/15/2012	$100,522.73
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$603,136.38**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91596	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91596	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91626	NEW ENGLAND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$21,256.72
4/15/2012	$21,256.72
5/15/2012	$21,256.72
6/15/2012	$21,256.72
7/15/2012	$21,256.72
8/15/2012	$21,256.72
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$127,540.32**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91626	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91626	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91642	FORETHOUGHT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$8,012.07
4/15/2012	$8,012.07
5/15/2012	$8,012.07
6/15/2012	$8,012.07
7/15/2012	$8,012.07
8/15/2012	$8,012.07
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$48,072.42**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91642	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91642	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91693	IA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91693	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91693	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91785	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-91785	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-91785	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91898	LIFECARE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	91910	AMERICAN SAVINGS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92274	LANDCAR LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$759.92	
4/15/2012		$759.92	
5/15/2012		$759.92	
6/15/2012		$759.92	
7/15/2012		$759.92	
8/15/2012		$759.92	
		TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,559.52**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92274	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92274	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92444	DOCTORS' LIFE INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92444	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92444	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92525	TRUASSURE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92525	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92525	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92622	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,438.26
4/15/2012	$3,438.26
5/15/2012	$3,438.26
6/15/2012	$3,438.26
7/15/2012	$3,438.26
8/15/2012	$3,438.26
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$20,629.56**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92622	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92622	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92649	AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92657	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$35,531.36
4/15/2012	$35,531.36
5/15/2012	$35,531.36
6/15/2012	$35,531.36
7/15/2012	$35,531.36
8/15/2012	$35,531.36
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$213,188.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92657	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92657	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92703	UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-92703	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**
HCA13-92703	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92711	HCC LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$30,308.45
4/15/2012	$30,308.45
5/15/2012	$30,308.45
6/15/2012	$30,308.45
7/15/2012	$30,308.45
8/15/2012	$30,308.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$181,850.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92711	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92711	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92738	AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-92738	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92886	BEVERLY HILLS 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	92908	HEALTHMARKETS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92908	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92908	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	92916	UNITED AMERICAN INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$23,545.17
4/15/2012	$23,545.17
5/15/2012	$23,545.17
6/15/2012	$23,545.17
7/15/2012	$23,545.17
8/15/2012	$23,545.17
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$141,271.02**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-92916	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-92916	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93262	PENN INSURANCE AND ANNUITY COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$13,035.94
4/15/2012	$13,035.94
5/15/2012	$13,035.94
6/15/2012	$13,035.94
7/15/2012	$13,035.94
8/15/2012	$13,035.94
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$78,215.64**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93262	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93262	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93432	C.M. LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$11,330.34
4/15/2012	$11,330.34
5/15/2012	$11,330.34
6/15/2012	$11,330.34
7/15/2012	$11,330.34
8/15/2012	$11,330.34
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$67,982.04**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93432	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93432	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93440	HM LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$28,318.60
4/15/2012	$28,318.60
5/15/2012	$28,318.60
6/15/2012	$28,318.60
7/15/2012	$28,318.60
8/15/2012	$28,318.60
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$169,911.60**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93440	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93440	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93459	PAN-AMERICAN ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$583.52
4/15/2012	$583.52
5/15/2012	$583.52
6/15/2012	$583.52
7/15/2012	$583.52
8/15/2012	$583.52
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,501.12**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93459	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93459	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93513	METLIFE INVESTORS INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93513	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93513	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93521	GENERAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$320.32
4/15/2012	$320.32
5/15/2012	$320.32
6/15/2012	$320.32
7/15/2012	$320.32
8/15/2012	$320.32
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,921.92**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93521	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93521	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93548	PHL VARIABLE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$14,174.27
4/15/2012	$14,174.27
5/15/2012	$14,174.27
6/15/2012	$14,174.27
7/15/2012	$14,174.27
8/15/2012	$14,174.27
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$85,045.62**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93548	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93548	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93572	RGA REINSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93572	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93572	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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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: 2/28/2013

FORM E-TAX | 1. 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

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee		**$0.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93610	JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,993.41
4/15/2012	$1,993.41
5/15/2012	$1,993.41
6/15/2012	$1,993.41
7/15/2012	$1,993.41
8/15/2012	$1,993.41
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$11,960.46**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93610	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93610	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93629	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93629	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93629	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93661	ANNUITY INVESTORS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93661	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93661	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93688	QCC INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93688	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93688	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93696	FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$713.88
4/15/2012	$713.88
5/15/2012	$713.88
6/15/2012	$713.88
7/15/2012	$713.88
8/15/2012	$713.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$4,283.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93696	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93696	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93734	PHOENIX LIFE AND ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$578.29
4/15/2012	$578.29
5/15/2012	$578.29
6/15/2012	$578.29
7/15/2012	$578.29
8/15/2012	$578.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$3,469.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93734	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93734	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93742	SECURIAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$840.86
4/15/2012	$840.86
5/15/2012	$840.86
6/15/2012	$840.86
7/15/2012	$840.86
8/15/2012	$840.86
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$5,045.16**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93742	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93742	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93777	HOUSEHOLD LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$6,087.29
4/15/2012	$6,087.29
5/15/2012	$6,087.29
6/15/2012	$6,087.29
7/15/2012	$6,087.29
8/15/2012	$6,087.29
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$36,523.74**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-93777	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-93777	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93793	MIAMI VALLEY INSURANCE COMPANY, THE

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	93815	PACIFIC CENTURY LIFE INSURANCE CORPORATION

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94072	SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94072	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94072	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94188	LIFEWISE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94188	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94188	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94218	COUNTRY INVESTORS LIFE ASSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,470.75
4/15/2012	$2,470.75
5/15/2012	$2,470.75
6/15/2012	$2,470.75
7/15/2012	$2,470.75
8/15/2012	$2,470.75
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$14,824.50**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94218	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94218	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94250	BANNER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$33,272.81
4/15/2012	$33,272.81
5/15/2012	$33,272.81
6/15/2012	$33,272.81
7/15/2012	$33,272.81
8/15/2012	$33,272.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$199,636.86**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94250	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94250	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94358	USABLE LIFE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,731.47
4/15/2012	$1,731.47
5/15/2012	$1,731.47
6/15/2012	$1,731.47
7/15/2012	$1,731.47
8/15/2012	$1,731.47
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$10,388.82**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94358	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94358	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	94498	STATE FARM HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-94498	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-94498	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94587	MEMBERS HEALTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	94633	BUCKTAIL LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95109	AETNA HEALTH INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$274,645.06
4/15/2012	$274,645.06
5/15/2012	$274,645.06
6/15/2012	$274,645.06
7/15/2012	$274,645.06
8/15/2012	$274,645.06
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,647,870.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-95109	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-95109	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95125	CIGNA HEALTHCARE OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$258,990.08
4/15/2012	$258,990.08
5/15/2012	$258,990.08
6/15/2012	$258,990.08
7/15/2012	$258,990.08
8/15/2012	$258,990.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,553,940.48**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	95206	HEALTH NET OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$304,019.19	
4/15/2012		$304,019.19	
5/15/2012		$304,019.19	
6/15/2012		$304,019.19	
7/15/2012		$304,019.19	
8/15/2012		$304,019.19	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$1,824,115.14**

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NAIC / Name	95224	PREMIER CHOICE DENTAL, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$3,263.16	
4/15/2012		$3,263.16	
5/15/2012		$3,263.16	
6/15/2012		$3,263.16	
7/15/2012		$3,263.16	
8/15/2012		$3,263.16	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$19,578.96**

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NAIC / Name	95366	ALPHA DENTAL OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 61:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$3,309.53
4/15/2012	$3,309.53
5/15/2012	$3,309.53
6/15/2012	$3,309.53
7/15/2012	$3,309.53
8/15/2012	$3,309.53
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$19,857.18**

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NAIC / Name	95617	PACIFICARE OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$697.85	
4/15/2012		$697.85	
5/15/2012		$697.85	
6/15/2012		$697.85	
7/15/2012		$697.85	
8/15/2012		$697.85	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$4,187.10**

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NAIC / Name	95885	HUMANA HEALTH PLAN, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-95885	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-95885	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$75.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	95982	BANNER MEDISUN, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$12,249.08
4/15/2012	$12,249.08
5/15/2012	$12,249.08
6/15/2012	$12,249.08
7/15/2012	$12,249.08
8/15/2012	$12,249.08
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$73,494.48**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	96016	UNITEDHEALTHCARE OF ARIZONA, INC.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 63:	**$75.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$324,166.76	
4/15/2012		$324,166.76	
5/15/2012		$324,166.76	
6/15/2012		$324,166.76	
7/15/2012		$324,166.76	
8/15/2012		$324,166.76	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$1,945,000.56**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97055	MEGA LIFE AND HEALTH INSURANCE COMPANY, THE

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$25,802.71
4/15/2012	$25,802.71
5/15/2012	$25,802.71
6/15/2012	$25,802.71
7/15/2012	$25,802.71
8/15/2012	$25,802.81
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$154,816.36**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97055	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97055	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97071	GENERALI USA LIFE REASSURANCE 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$435.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97136	METROPOLITAN TOWER LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$5,688.45
4/15/2012	$5,688.45
5/15/2012	$5,688.45
6/15/2012	$5,688.45
7/15/2012	$5,688.45
8/15/2012	$5,688.45
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$34,130.70**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97136	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97136	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	97152	PLATEAU INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97152	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97152	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97179	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$19,939.59
4/15/2012	$19,939.59
5/15/2012	$19,939.59
6/15/2012	$19,939.59
7/15/2012	$19,939.59
8/15/2012	$19,939.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$119,637.54**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97179	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97179	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	97241	SETTLERS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date		Installments Paid	
3/15/2012		$314.30	
4/15/2012		$314.30	
5/15/2012		$314.30	
6/15/2012		$314.30	
7/15/2012		$314.30	
8/15/2012		$314.30	
	TOTAL INSTALLMENT AMOUNTS PAID IN 2012:		**$1,885.80**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97241	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97241	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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NAIC / Name	97250	BANC LIFE INSURANCE 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97268	PACIFIC LIFE & ANNUITY COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$1,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$491.59
4/15/2012	$491.59
5/15/2012	$491.59
6/15/2012	$491.59
7/15/2012	$491.59
8/15/2012	$491.59
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$2,949.54**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97292	MAGELLAN LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97292	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97292	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2012**

NAIC / Name	97551	ARKANSAS 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97691	LIFE OF THE SOUTH INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97691	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97691	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97705	DIRECT GENERAL LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97705	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97705	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97721	THRIVENT LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$326.88
4/15/2012	$326.88
5/15/2012	$326.88
6/15/2012	$326.88
7/15/2012	$326.88
8/15/2012	$326.88
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$1,961.28**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97721	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97721	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97764	IDEALIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97764	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97764	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	97772	US HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-97772	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-97772	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	98205	NATIONAL FOUNDATION LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$1,508.74
4/15/2012	$1,508.74
5/15/2012	$1,508.74
6/15/2012	$1,508.74
7/15/2012	$1,508.74
8/15/2012	$1,508.74
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$9,052.44**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-98205	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-98205	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	98426	SOUTHWEST EQUITY LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	98965	DALLAS AUTOMOTIVE LIFE INSURANCE, 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: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**AZ**	**Business Type**	**LR**	LIFE & DISABILITY REINSURER
		Entity Type	**ST**	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 57:	**$4,500.00**
Annual Statement Filing Fee	Code 28:	**$300.00**
	TOTAL:	**$4,800.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99724	LIFESHIELD NATIONAL INSURANCE CO.

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-99724	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-99724	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99775	FUNERAL DIRECTORS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$2,867.18
4/15/2012	$2,867.18
5/15/2012	$2,867.18
6/15/2012	$2,867.18
7/15/2012	$2,867.18
8/15/2012	$2,867.18
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$17,203.08**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA13-99775	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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ANNUAL TAX AND FEES DATA SHEET
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NAIC / Name	99937	COLUMBUS LIFE INSURANCE COMPANY

Download tax forms from our web site (www.azinsurance.gov/taxunit). Use the following information for your entries on your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. DUE DATE: 3/1/2013

FORM E-TAX | 1. INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FORM E-TAX | 3. SUMMARY OF FEES, TAXES AND RETALIATION

Certificate of Authority Renewal Fee	Code 58:	**$135.00**
Annual Statement Filing Fee	Code 28:	**$300.00**

FORM E-TAX | SCHEDULE I: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "Installment Paid" amounts on SCHEDULE I. These amounts EXCLUDE any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2012	$9,237.99
4/15/2012	$9,237.99
5/15/2012	$9,237.99
6/15/2012	$9,237.99
7/15/2012	$9,237.99
8/15/2012	$9,237.99
TOTAL INSTALLMENT AMOUNTS PAID IN 2012:	**$55,427.94**

FORM E-RT | 3. ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-99937	Health Care Appeals Fund [ARS § 20-2541(2)]	**$200.00**
FRA13-99937	Fraud Unit Assessment [ARS § 20-466(J)]	**$700.00**

SCHEDULE E-RT | 4. FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	**$135.00**
Annual Statement Filing Fee	**$300.00**

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