

INSTRUCTIONS

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	901	WESTERN GROWERS ASSURANCE TRUST
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	902	UNITED AGRICULTURAL EMPL. WELFARE BENEFIT PLAN & TRUST
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	3000	UNIONAMERICA INSURANCE COMPANY LIMITED
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	3003	MARKEL INTERNATIONAL INSURANCE COMPANY LIMITED
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **3006** HANNOVER RUCK SE

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10006	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10006	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$824.11
4/15/2013	\$824.11
5/15/2013	\$824.11
6/15/2013	\$824.11
7/15/2013	\$824.11
8/15/2013	\$824.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,944.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10007	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 552 vehicles covered during 7/1/2012 to 12/31/2012	\$276.00
Auto Theft Authority Assessment for 1,181 vehicles covered during 1/1/2013 to 6/30/2013	\$590.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,027.91
4/15/2013	\$17,027.91
5/15/2013	\$17,027.91
6/15/2013	\$17,027.91
7/15/2013	\$17,027.91
8/15/2013	\$17,027.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$102,167.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$885.45
4/15/2013	\$885.45
5/15/2013	\$885.45
6/15/2013	\$885.45
7/15/2013	\$885.45
8/15/2013	\$885.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,312.70

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,559.19
4/15/2013	\$24,559.19
5/15/2013	\$24,559.19
6/15/2013	\$24,559.19
7/15/2013	\$24,559.19
8/15/2013	\$24,559.19
TOTAL INSTALLMENTS PAID IN 2013:	
	\$147,355.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,037.21
4/15/2013	\$1,037.21
5/15/2013	\$1,037.21
6/15/2013	\$1,037.21
7/15/2013	\$1,037.21
8/15/2013	\$1,037.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,223.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10051	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10051	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10054** SECURIAN CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,454.20
4/15/2013	\$8,454.20
5/15/2013	\$8,454.20
6/15/2013	\$8,454.20
7/15/2013	\$8,454.20
8/15/2013	\$8,454.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$50,725.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10068** HILLSTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10068	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$925.15
4/15/2013	\$925.15
5/15/2013	\$925.15
6/15/2013	\$925.15
7/15/2013	\$925.15
8/15/2013	\$925.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,550.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$39,092.71
4/15/2013	\$39,092.71
5/15/2013	\$39,092.71
6/15/2013	\$39,092.71
7/15/2013	\$39,092.71
8/15/2013	\$39,092.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$234,556.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10071	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10071	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,800 vehicles covered during 7/1/2012 to 12/31/2012	\$2,400.00
Auto Theft Authority Assessment for 4,500 vehicles covered during 1/1/2013 to 6/30/2013	\$2,250.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$62,394.23
4/15/2013	\$62,394.23
5/15/2013	\$62,394.23
6/15/2013	\$62,394.23
7/15/2013	\$62,394.23
8/15/2013	\$62,394.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$374,365.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10072	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 24,462 vehicles covered during 7/1/2012 to 12/31/2012	\$12,231.00
Auto Theft Authority Assessment for 26,354 vehicles covered during 1/1/2013 to 6/30/2013	\$13,177.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10080** HEALTH PROVIDERS INSURANCE RECIPROCAL, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10083** NATIONAL CATHOLIC RISK RETENTION GROUP, INC. (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	10084	TITLE INDUSTRY ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10103	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10103	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,702.38
4/15/2013	\$1,702.38
5/15/2013	\$1,702.38
6/15/2013	\$1,746.89
7/15/2013	\$1,713.50
8/15/2013	\$1,713.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,281.03

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 635 vehicles covered during 7/1/2012 to 12/31/2012	\$317.50
Auto Theft Authority Assessment for 537 vehicles covered during 1/1/2013 to 6/30/2013	\$268.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$52,119.64
4/15/2013	\$52,119.64
5/15/2013	\$52,119.64
6/15/2013	\$52,119.64
7/15/2013	\$52,119.64
8/15/2013	\$52,119.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$312,717.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10111	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10111	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10111	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,929 vehicles covered during 7/1/2012 to 12/31/2012	\$1,964.50
Auto Theft Authority Assessment for 3,929 vehicles covered during 1/1/2013 to 6/30/2013	\$1,964.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10113** TERRA INSURANCE COMPANY (A RISK RETENTION GROUP)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,462.04
4/15/2013	\$2,462.04
5/15/2013	\$2,464.04
6/15/2013	\$2,464.04
7/15/2013	\$2,462.04
8/15/2013	\$2,462.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,776.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 72 vehicles covered during 7/1/2012 to 12/31/2012	\$36.00
Auto Theft Authority Assessment for 104 vehicles covered during 1/1/2013 to 6/30/2013	\$52.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10127	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10130** SU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10155	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10155	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$490.94
4/15/2013	\$490.94
5/15/2013	\$490.94
6/15/2013	\$490.94
7/15/2013	\$490.94
8/15/2013	\$490.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,945.64

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10166	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10166	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10171** ORDINARY MUTUAL, A RISK RETENTION GROUP CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10178** FCCI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10178	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,092.15
4/15/2013	\$3,092.15
5/15/2013	\$3,092.15
6/15/2013	\$3,092.15
7/15/2013	\$3,092.15
8/15/2013	\$3,092.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,552.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10200	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10204	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10204	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,945.30
4/15/2013	\$4,945.30
5/15/2013	\$4,945.30
6/15/2013	\$4,945.30
7/15/2013	\$4,945.30
8/15/2013	\$4,945.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,671.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10219** QBE REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10219	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10219	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-10219	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10220** COMMONWEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$622.30
4/15/2013	\$622.30
5/15/2013	\$622.30
6/15/2013	\$622.30
7/15/2013	\$622.30
8/15/2013	\$622.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,733.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,707.48
4/15/2013	\$2,707.48
5/15/2013	\$2,707.48
6/15/2013	\$2,707.48
7/15/2013	\$2,707.48
8/15/2013	\$2,707.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,244.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10226	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 879 vehicles covered during 7/1/2012 to 12/31/2012	\$439.50
Auto Theft Authority Assessment for 717 vehicles covered during 1/1/2013 to 6/30/2013	\$358.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10227	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10227	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10227	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	10232	AMERICAN ASSOCIATION OF ORTHODONTISTS INS. CO. (A RRG)
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You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,755.75
4/15/2013	\$2,755.75
5/15/2013	\$2,755.75
6/15/2013	\$2,755.75
7/15/2013	\$2,755.75
8/15/2013	\$2,755.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,534.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10235	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10235	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 99 vehicles covered during 7/1/2012 to 12/31/2012	\$49.50
Auto Theft Authority Assessment for 131 vehicles covered during 1/1/2013 to 6/30/2013	\$65.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,693.00
4/15/2013	\$18,693.00
5/15/2013	\$18,693.15
6/15/2013	\$18,693.15
7/15/2013	\$18,693.15
8/15/2013	\$18,693.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$112,158.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10239	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10239	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,134 vehicles covered during 7/1/2012 to 12/31/2012	\$1,067.00
Auto Theft Authority Assessment for 2,234 vehicles covered during 1/1/2013 to 6/30/2013	\$1,117.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,754.81
4/15/2013	\$1,754.81
5/15/2013	\$1,754.81
6/15/2013	\$1,754.81
7/15/2013	\$1,754.81
8/15/2013	\$1,754.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,528.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10243	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10243	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10243	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$11.50
Auto Theft Authority Assessment for 15 vehicles covered during 1/1/2013 to 6/30/2013	\$7.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10245** 21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10245	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10336	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10336	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10340** STONINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,757.66
4/15/2013	\$1,757.66
5/15/2013	\$1,757.66
6/15/2013	\$1,757.66
7/15/2013	\$1,757.66
8/15/2013	\$1,757.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,545.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 73 vehicles covered during 7/1/2012 to 12/31/2012	\$36.50
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2013 to 6/30/2013	\$2.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10348** ARCH REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10348	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10351	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10351	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,085.09
4/15/2013	\$1,085.09
5/15/2013	\$1,085.09
6/15/2013	\$1,085.09
7/15/2013	\$1,085.09
8/15/2013	\$1,085.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,510.54

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10367** AVEMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,021.11
4/15/2013	\$2,021.11
5/15/2013	\$2,021.11
6/15/2013	\$2,021.11
7/15/2013	\$2,021.11
8/15/2013	\$2,021.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,126.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10367	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10367	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10367	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10391	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10391	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10413	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10464** CANAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,376.06
4/15/2013	\$4,376.06
5/15/2013	\$4,376.06
6/15/2013	\$4,376.06
7/15/2013	\$4,376.06
8/15/2013	\$4,376.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,256.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10464	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2012 to 12/31/2012	\$6.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10472** CAPITOL INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,206.36
4/15/2013	\$9,206.36
5/15/2013	\$9,206.36
6/15/2013	\$9,206.36
7/15/2013	\$9,206.36
8/15/2013	\$9,206.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$55,238.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10472	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10472	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 374 vehicles covered during 7/1/2012 to 12/31/2012	\$187.00
Auto Theft Authority Assessment for 578 vehicles covered during 1/1/2013 to 6/30/2013	\$289.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	10476	STICO MUTUAL INSURANCE COMPANY, RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10499** COREPOINTE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,740.82
4/15/2013	\$2,740.82
5/15/2013	\$2,740.82
6/15/2013	\$2,740.82
7/15/2013	\$2,740.82
8/15/2013	\$2,740.82
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,444.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$0.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10502** MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10502	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,647.61
4/15/2013	\$4,647.61
5/15/2013	\$4,647.61
6/15/2013	\$4,647.61
7/15/2013	\$4,647.61
8/15/2013	\$4,647.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,885.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10510	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10510	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10510	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2012 to 12/31/2012	\$15.00
Auto Theft Authority Assessment for 73 vehicles covered during 1/1/2013 to 6/30/2013	\$36.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	10638	PROSELECT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,420.43
4/15/2013	\$17,420.43
5/15/2013	\$17,420.43
6/15/2013	\$17,420.43
7/15/2013	\$17,420.43
8/15/2013	\$17,420.43
TOTAL INSTALLMENTS PAID IN 2013:	
	\$104,522.58

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10640	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10640	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,829.84
4/15/2013	\$3,829.84
5/15/2013	\$3,829.84
6/15/2013	\$3,829.84
7/15/2013	\$3,829.84
8/15/2013	\$3,829.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,979.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10641	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10641	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10642** CHEROKEE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10642	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-10642	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10642	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$640.32
4/15/2013	\$640.32
5/15/2013	\$640.32
6/15/2013	\$649.30
7/15/2013	\$649.30
8/15/2013	\$649.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,868.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10644	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10644	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 310 vehicles covered during 7/1/2012 to 12/31/2012	\$155.00
Auto Theft Authority Assessment for 250 vehicles covered during 1/1/2013 to 6/30/2013	\$125.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10646	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10646	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10648** GENEVA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,375.20
4/15/2013	\$1,375.20
5/15/2013	\$1,375.20
6/15/2013	\$1,375.20
7/15/2013	\$1,375.20
8/15/2013	\$1,375.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,251.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 749 vehicles covered during 7/1/2012 to 12/31/2012	\$374.50
Auto Theft Authority Assessment for 252 vehicles covered during 1/1/2013 to 6/30/2013	\$126.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10669** CHURCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10669	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10669	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$380.33
4/15/2013	\$380.33
5/15/2013	\$380.33
6/15/2013	\$380.33
7/15/2013	\$380.33
8/15/2013	\$380.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,281.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10671	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	10672	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$440.38
4/15/2013	\$440.38
5/15/2013	\$440.38
6/15/2013	\$440.38
7/15/2013	\$440.38
8/15/2013	\$440.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,642.28

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$110,331.41
4/15/2013	\$110,331.41
5/15/2013	\$110,331.41
6/15/2013	\$110,331.41
7/15/2013	\$110,331.41
8/15/2013	\$110,331.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$661,988.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10677	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10677	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10677	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,093 vehicles covered during 7/1/2012 to 12/31/2012	\$1,546.50
Auto Theft Authority Assessment for 3,742 vehicles covered during 1/1/2013 to 6/30/2013	\$1,871.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

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

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,672.33
4/15/2013	\$13,672.33
5/15/2013	\$13,672.33
6/15/2013	\$13,672.33
7/15/2013	\$13,672.33
8/15/2013	\$13,672.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$82,033.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10690	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10693** CIVIL SERVICE EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,139.15
4/15/2013	\$11,139.15
5/15/2013	\$11,139.15
6/15/2013	\$11,139.15
7/15/2013	\$11,139.15
8/15/2013	\$11,139.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$66,834.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10693	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-10693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10693	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,697 vehicles covered during 7/1/2012 to 12/31/2012	\$1,848.50
Auto Theft Authority Assessment for 3,731 vehicles covered during 1/1/2013 to 6/30/2013	\$1,865.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	10712	UNITED HOME INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10723** NATIONWIDE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10723	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10724** EASTERN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10729** SENECA SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10730** AMERICAN ACCESS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,585.17
4/15/2013	\$24,585.17
5/15/2013	\$24,585.17
6/15/2013	\$24,585.17
7/15/2013	\$24,585.17
8/15/2013	\$24,585.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$147,511.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 17,651 vehicles covered during 7/1/2012 to 12/31/2012	\$8,825.50
Auto Theft Authority Assessment for 27,624 vehicles covered during 1/1/2013 to 6/30/2013	\$13,812.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10738** TM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10749** INTREPID INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10749	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10754** SPIRIT MOUNTAIN INSURANCE COMPANY RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10758** COLONIAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$446.81
4/15/2013	\$446.81
5/15/2013	\$446.81
6/15/2013	\$446.81
7/15/2013	\$446.81
8/15/2013	\$446.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,680.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10758	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10758	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10759** UNIVERSAL NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,514.55
4/15/2013	\$10,514.55
5/15/2013	\$10,514.55
6/15/2013	\$10,514.55
7/15/2013	\$10,514.55
8/15/2013	\$10,514.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$63,087.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 126 vehicles covered during 7/1/2012 to 12/31/2012	\$63.00
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2013 to 6/30/2013	\$30.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10777** VICTORIA SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$48,024.18
4/15/2013	\$48,024.18
5/15/2013	\$48,024.18
6/15/2013	\$48,024.18
7/15/2013	\$48,024.18
8/15/2013	\$48,024.18
TOTAL INSTALLMENTS PAID IN 2013:	
	\$288,145.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 17,909 vehicles covered during 7/1/2012 to 12/31/2012	\$8,954.50
Auto Theft Authority Assessment for 16,995 vehicles covered during 1/1/2013 to 6/30/2013	\$8,497.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10783** CORNERSTONE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,935.30
4/15/2013	\$3,935.30
5/15/2013	\$3,935.40
6/15/2013	\$3,935.30
7/15/2013	\$3,935.30
8/15/2013	\$3,935.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,611.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10783	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10783	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,554 vehicles covered during 7/1/2012 to 12/31/2012	\$2,277.00
Auto Theft Authority Assessment for 2,239 vehicles covered during 1/1/2013 to 6/30/2013	\$1,119.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10784** MAXUM CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,572.38
4/15/2013	\$1,572.38
5/15/2013	\$1,572.38
6/15/2013	\$1,572.38
7/15/2013	\$1,572.38
8/15/2013	\$1,572.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,434.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10794** COMPANION COMMERCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,541.81
4/15/2013	\$3,541.81
5/15/2013	\$3,541.81
6/15/2013	\$3,541.81
7/15/2013	\$3,541.81
8/15/2013	\$3,541.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,250.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10794	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$7.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10799** GEOVERA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10799	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10800** PREMIER GROUP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10801** FORTRESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$809.40
4/15/2013	\$809.40
5/15/2013	\$809.40
6/15/2013	\$809.40
7/15/2013	\$809.40
8/15/2013	\$809.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,856.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10803** COLUMBIA NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **10804** CONTINENTAL WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,148.55
4/15/2013	\$6,148.55
5/15/2013	\$6,148.55
6/15/2013	\$6,148.55
7/15/2013	\$6,148.55
8/15/2013	\$6,148.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$36,891.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10804	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 198 vehicles covered during 7/1/2012 to 12/31/2012	\$99.00
Auto Theft Authority Assessment for 220 vehicles covered during 1/1/2013 to 6/30/2013	\$110.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10807** ACCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$835.88
4/15/2013	\$835.88
5/15/2013	\$835.88
6/15/2013	\$835.88
7/15/2013	\$835.88
8/15/2013	\$835.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,015.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10807	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10814** GNY CUSTOM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **10815** VERLAN FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$834.03
4/15/2013	\$834.03
5/15/2013	\$834.03
6/15/2013	\$834.03
7/15/2013	\$834.03
8/15/2013	\$834.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,004.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10815	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	ST	STOCK CORPORATION

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10836** GOLDEN EAGLE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10836	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-10836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$2.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10847** CUMIS INSURANCE SOCIETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,118.83
4/15/2013	\$14,118.83
5/15/2013	\$14,118.83
6/15/2013	\$14,118.83
7/15/2013	\$14,118.83
8/15/2013	\$14,118.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$84,712.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10847	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10847	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 100 vehicles covered during 7/1/2012 to 12/31/2012	\$50.00
Auto Theft Authority Assessment for 77 vehicles covered during 1/1/2013 to 6/30/2013	\$38.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10859** FIRST NONPROFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,184.15
4/15/2013	\$2,184.15
5/15/2013	\$2,184.15
6/15/2013	\$2,184.15
7/15/2013	\$2,184.15
8/15/2013	\$2,184.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,104.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 131 vehicles covered during 7/1/2012 to 12/31/2012	\$65.50
Auto Theft Authority Assessment for 135 vehicles covered during 1/1/2013 to 6/30/2013	\$67.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10872** AMERICAN STRATEGIC INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,423.60
4/15/2013	\$30,423.60
5/15/2013	\$30,423.60
6/15/2013	\$30,423.60
7/15/2013	\$30,423.60
8/15/2013	\$30,423.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$182,541.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10872	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10872	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10885** KEY RISK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-10885	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10891** CEM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10891	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10891	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10895** MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10900** PREFERRED EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10900	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10903** AMERICAN EXCESS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,312.00
4/15/2013	\$3,312.00
5/15/2013	\$3,312.00
6/15/2013	\$3,312.00
7/15/2013	\$3,312.00
8/15/2013	\$3,312.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,872.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10906** COMMERCIAL ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10906	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **10909** SUN SURETY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,128.47
4/15/2013	\$2,128.47
5/15/2013	\$2,128.47
6/15/2013	\$2,128.47
7/15/2013	\$2,128.47
8/15/2013	\$2,128.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,770.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10909	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10914** KEMPER INDEPENDENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$75,265.27
4/15/2013	\$75,265.27
5/15/2013	\$75,265.27
6/15/2013	\$75,265.27
7/15/2013	\$75,265.27
8/15/2013	\$75,265.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$451,591.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 15,181 vehicles covered during 7/1/2012 to 12/31/2012	\$7,590.50
Auto Theft Authority Assessment for 14,205 vehicles covered during 1/1/2013 to 6/30/2013	\$7,102.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10915** UNITRIN DIRECT PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,366.63
4/15/2013	\$8,366.63
5/15/2013	\$8,366.63
6/15/2013	\$8,366.63
7/15/2013	\$8,366.63
8/15/2013	\$8,366.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$50,199.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,763 vehicles covered during 7/1/2012 to 12/31/2012	\$1,381.50
Auto Theft Authority Assessment for 2,372 vehicles covered during 1/1/2013 to 6/30/2013	\$1,186.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10916** SURETEC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$983.18
4/15/2013	\$983.18
5/15/2013	\$983.18
6/15/2013	\$983.18
7/15/2013	\$983.18
8/15/2013	\$983.18
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,899.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10916	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10921** ACA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$100,103.44
4/15/2013	\$100,103.44
5/15/2013	\$100,103.44
6/15/2013	\$100,103.44
7/15/2013	\$100,103.44
8/15/2013	\$100,103.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$600,620.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10921	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,522 vehicles covered during 7/1/2012 to 12/31/2012	\$2,261.00
Auto Theft Authority Assessment for 4,043 vehicles covered during 1/1/2013 to 6/30/2013	\$2,021.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10936** SENECA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,966.01
4/15/2013	\$5,966.01
5/15/2013	\$5,966.01
6/15/2013	\$5,966.01
7/15/2013	\$5,966.01
8/15/2013	\$5,966.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$35,796.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10936	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10936	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$5.00
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2013 to 6/30/2013	\$2.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10945** TOKIO MARINE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-10945	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-10945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10945	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **10952** STONEBRIDGE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,001.41
4/15/2013	\$22,001.41
5/15/2013	\$22,001.41
6/15/2013	\$22,001.41
7/15/2013	\$22,001.41
8/15/2013	\$22,001.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$132,008.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-10952	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-10952	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-10952	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **10957** ALAMANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-10957	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-10957	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	10991	GLOBAL INTERNATIONAL INSURANCE COMPANY, INC., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11000** SENTINEL INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$69,300.50
4/15/2013	\$69,300.50
5/15/2013	\$70,803.65
6/15/2013	\$69,801.55
7/15/2013	\$69,801.55
8/15/2013	\$69,801.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$418,809.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11000	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11000	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,187 vehicles covered during 7/1/2012 to 12/31/2012	\$3,593.50
Auto Theft Authority Assessment for 6,424 vehicles covered during 1/1/2013 to 6/30/2013	\$3,212.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11030** MEMIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11044** NATIONAL GENERAL INSURANCE ONLINE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,728.14
4/15/2013	\$24,728.14
5/15/2013	\$24,728.14
6/15/2013	\$24,728.14
7/15/2013	\$24,728.14
8/15/2013	\$24,728.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$148,368.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 18,550 vehicles covered during 7/1/2012 to 12/31/2012	\$9,275.00
Auto Theft Authority Assessment for 25,048 vehicles covered during 1/1/2013 to 6/30/2013	\$12,524.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11050** AMERISURE PARTNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11054** MAIDEN REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11062** PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$411.21
4/15/2013	\$411.21
5/15/2013	\$411.21
6/15/2013	\$411.21
7/15/2013	\$411.21
8/15/2013	\$411.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,467.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11062	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11063** VEHICULAR SERVICE INSURANCE COMPANY, RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11075** LION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11075	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **11092** GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,592.24
4/15/2013	\$1,592.24
5/15/2013	\$1,592.24
6/15/2013	\$1,592.24
7/15/2013	\$1,592.24
8/15/2013	\$1,592.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,553.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11092	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11092	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 217 vehicles covered during 7/1/2012 to 12/31/2012	\$108.50
Auto Theft Authority Assessment for 206 vehicles covered during 1/1/2013 to 6/30/2013	\$103.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11114** ST. CHARLES INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11117** MARATHON FINANCIAL INSURANCE COMPANY, INC. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11118** FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,713.87
4/15/2013	\$4,713.87
5/15/2013	\$4,713.87
6/15/2013	\$4,713.87
7/15/2013	\$4,713.87
8/15/2013	\$4,713.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,283.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11118	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11118	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11118	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 347 vehicles covered during 7/1/2012 to 12/31/2012	\$173.50
Auto Theft Authority Assessment for 178 vehicles covered during 1/1/2013 to 6/30/2013	\$89.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11121** UNIFIED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$851.69
4/15/2013	\$851.69
5/15/2013	\$851.69
6/15/2013	\$851.69
7/15/2013	\$851.69
8/15/2013	\$851.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,110.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11121	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11121	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11123** SAFETY FIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11123	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11123	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11126** SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,752.01
4/15/2013	\$3,752.01
5/15/2013	\$3,752.01
6/15/2013	\$3,752.01
7/15/2013	\$3,752.01
8/15/2013	\$3,752.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,512.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$363.00
Auto Theft Authority Assessment for 1,154 vehicles covered during 1/1/2013 to 6/30/2013	\$577.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11127** PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$885.83
4/15/2013	\$885.83
5/15/2013	\$885.83
6/15/2013	\$885.83
7/15/2013	\$885.83
8/15/2013	\$885.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,314.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11134** FIDELITY FIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11134	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-11134	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	11145	GOLDEN INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$0.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11150** ARCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,247.20
4/15/2013	\$5,247.20
5/15/2013	\$5,247.20
6/15/2013	\$5,247.20
7/15/2013	\$5,247.20
8/15/2013	\$5,247.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$31,483.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-11150	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11150	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,839 vehicles covered during 7/1/2012 to 12/31/2012	\$1,919.50
Auto Theft Authority Assessment for 3,216 vehicles covered during 1/1/2013 to 6/30/2013	\$1,608.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11153** TITAN INSURANCE COMPANY, INC., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11163** AVESIS INSURANCE INCORPORATED

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 56:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,015.58
4/15/2013	\$9,015.58
5/15/2013	\$9,015.58
6/15/2013	\$9,015.58
7/15/2013	\$9,015.58
8/15/2013	\$9,015.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,093.48

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11177** FIRST FINANCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11185** FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$150,859.25
4/15/2013	\$150,859.25
5/15/2013	\$150,859.25
6/15/2013	\$150,859.25
7/15/2013	\$150,859.25
8/15/2013	\$150,859.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$905,155.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11185	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11185	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11185	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 15,243 vehicles covered during 7/1/2012 to 12/31/2012	\$7,621.50
Auto Theft Authority Assessment for 38,101 vehicles covered during 1/1/2013 to 6/30/2013	\$19,050.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11194** CAPITAL ASSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11197** NATIONAL INDEPENDENT TRUCKERS INS. CO., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2013 to 6/30/2013	\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11198** LOYA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11198	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11198	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11206** HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11215** SAFECO INSURANCE COMPANY OF INDIANA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11215	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11215	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 4/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MR	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	\$4,500.00
Annual Statement Filing Fee		\$0.00
TOTAL:		\$4,500.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11231** GENERALI (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$420.15
4/15/2013	\$420.15
5/15/2013	\$420.15
6/15/2013	\$420.15
7/15/2013	\$420.15
8/15/2013	\$420.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,520.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11231	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11231	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11231	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	11232	ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11242** ALLIED EASTERN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11255** CATERPILLAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,094.25
4/15/2013	\$19,094.25
5/15/2013	\$19,094.25
6/15/2013	\$19,094.25
7/15/2013	\$19,094.25
8/15/2013	\$19,094.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$114,565.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11255	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11255	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11258** GEORGIA CASUALTY & SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11267** SECURITY AMERICA RISK RETENTION GROUP,INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11268** ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,974.84
4/15/2013	\$4,974.84
5/15/2013	\$4,974.84
6/15/2013	\$4,974.84
7/15/2013	\$4,974.84
8/15/2013	\$4,974.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,849.04

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11347** SFM MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11371** GREAT WEST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$29,238.28
4/15/2013	\$29,238.28
5/15/2013	\$29,238.28
6/15/2013	\$29,238.28
7/15/2013	\$29,238.28
8/15/2013	\$29,238.28
TOTAL INSTALLMENTS PAID IN 2013:	
	\$175,429.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11445** UNITED NATIONAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11452** HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,461.40
4/15/2013	\$1,461.40
5/15/2013	\$1,461.40
6/15/2013	\$1,461.40
7/15/2013	\$1,461.40
8/15/2013	\$1,461.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,768.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11452	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11452	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11499** CENSTAT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11500** LENDERS PROTECTION ASSURANCE COMPANY RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11512** EMPLOYERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11512	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11513** PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,491.29
4/15/2013	\$1,491.29
5/15/2013	\$1,491.29
6/15/2013	\$1,491.29
7/15/2013	\$1,491.29
8/15/2013	\$1,491.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,947.74

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11523** WRIGHT NATIONAL FLOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,469.14
4/15/2013	\$4,469.14
5/15/2013	\$4,469.14
6/15/2013	\$4,469.14
7/15/2013	\$4,469.14
8/15/2013	\$4,469.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,814.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11523	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	11531	CHC CASUALTY RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11534** AMERICAN TRUCKING AND TRANSPORTATION INS. CO., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11551** ENDURANCE REINSURANCE CORPORATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11551	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11555** PACIFIC COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11555	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11555	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11558** ASSURANCEAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,071.27
4/15/2013	\$20,071.27
5/15/2013	\$20,071.27
6/15/2013	\$20,071.24
7/15/2013	\$20,071.27
8/15/2013	\$20,071.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$120,427.59

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11558	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11558	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 18,998 vehicles covered during 7/1/2012 to 12/31/2012	\$9,499.00
Auto Theft Authority Assessment for 21,100 vehicles covered during 1/1/2013 to 6/30/2013	\$10,550.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11573** ACCIDENT INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11573	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11573	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$2.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11592** INTERNATIONAL FIDELITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,209.36
4/15/2013	\$5,209.36
5/15/2013	\$5,209.36
6/15/2013	\$5,209.36
7/15/2013	\$5,209.36
8/15/2013	\$5,209.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$31,256.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11592	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11595** MERCHANTS NATIONAL BONDING, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11595	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11598** APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11600** FRANK WINSTON CRUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11603** CONTRACTORS INSURANCE CO. OF NORTH AMERICA, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,259.40
4/15/2013	\$1,259.40
5/15/2013	\$1,259.40
6/15/2013	\$1,259.40
7/15/2013	\$1,259.40
8/15/2013	\$1,259.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,556.40

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11630** JEFFERSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,804.38
4/15/2013	\$16,804.38
5/15/2013	\$16,804.38
6/15/2013	\$16,804.38
7/15/2013	\$16,804.38
8/15/2013	\$16,804.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$100,826.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11630	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11630	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11665** OLD AMERICAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11671** PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11673** REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,219.22
4/15/2013	\$5,219.22
5/15/2013	\$5,219.22
6/15/2013	\$5,219.22
7/15/2013	\$5,219.22
8/15/2013	\$5,219.22
TOTAL INSTALLMENTS PAID IN 2013:	
	\$31,315.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11673	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11673	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11673	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 311 vehicles covered during 7/1/2012 to 12/31/2012	\$155.50
Auto Theft Authority Assessment for 504 vehicles covered during 1/1/2013 to 6/30/2013	\$252.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11681** KEYSTONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11681	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11681	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11702** ECHELON PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,084.82
4/15/2013	\$5,084.82
5/15/2013	\$5,084.82
6/15/2013	\$5,084.82
7/15/2013	\$5,084.82
8/15/2013	\$5,084.82
TOTAL INSTALLMENTS PAID IN 2013:	
	\$30,508.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 731 vehicles covered during 7/1/2012 to 12/31/2012	\$365.50
Auto Theft Authority Assessment for 977 vehicles covered during 1/1/2013 to 6/30/2013	\$488.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11710** ALLIED PROFESSIONALS INSURANCE COMPANY, RRG

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11711** ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,709.44
4/15/2013	\$8,709.44
5/15/2013	\$8,709.44
6/15/2013	\$8,709.44
7/15/2013	\$8,709.44
8/15/2013	\$8,709.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$52,256.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,599 vehicles covered during 7/1/2012 to 12/31/2012	\$1,299.50
Auto Theft Authority Assessment for 1,603 vehicles covered during 1/1/2013 to 6/30/2013	\$801.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11714** EMERGENCY PHYSICIANS INSURANCE COMPANY RISK RETENTION G

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11738** INFINITY AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,510.16
4/15/2013	\$8,510.16
5/15/2013	\$8,510.16
6/15/2013	\$8,510.16
7/15/2013	\$8,510.16
8/15/2013	\$8,510.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$51,060.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11738	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-11738	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,861 vehicles covered during 7/1/2012 to 12/31/2012	\$1,430.50
Auto Theft Authority Assessment for 3,054 vehicles covered during 1/1/2013 to 6/30/2013	\$1,527.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11746** LIBERTY PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11746	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-11746	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11770** UNITED FINANCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$64,648.00
4/15/2013	\$64,648.00
5/15/2013	\$64,648.00
6/15/2013	\$64,648.00
7/15/2013	\$64,648.00
8/15/2013	\$64,648.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$387,888.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11770	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 11,777 vehicles covered during 7/1/2012 to 12/31/2012	\$5,888.50
Auto Theft Authority Assessment for 11,716 vehicles covered during 1/1/2013 to 6/30/2013	\$5,858.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11798** CONTINUING CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,431.21
4/15/2013	\$2,431.21
5/15/2013	\$2,431.21
6/15/2013	\$2,431.21
7/15/2013	\$2,431.21
8/15/2013	\$2,431.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,587.26

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11800** FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,906.67
4/15/2013	\$27,906.67
5/15/2013	\$27,906.67
6/15/2013	\$27,906.67
7/15/2013	\$27,906.67
8/15/2013	\$27,906.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$167,440.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11800	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 844 vehicles covered during 7/1/2012 to 12/31/2012	\$422.00
Auto Theft Authority Assessment for 1,748 vehicles covered during 1/1/2013 to 6/30/2013	\$874.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11805** ARIZONA AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,678.05
4/15/2013	\$8,678.05
5/15/2013	\$8,678.05
6/15/2013	\$8,678.05
7/15/2013	\$8,678.05
8/15/2013	\$8,678.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$52,068.30

Auto Theft Authority Assessment for 10,465 vehicles covered during 7/1/2012 to 12/31/2012	\$5,232.50
Auto Theft Authority Assessment for 12,839 vehicles covered during 1/1/2013 to 6/30/2013	\$6,419.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11811** PROFESSIONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11825** CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11832** HEALTH CARE INDUSTRY LIABILITY RECIPROCAL INS CO, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$373.05
4/15/2013	\$373.05
5/15/2013	\$373.05
6/15/2013	\$373.05
7/15/2013	\$373.05
8/15/2013	\$373.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,238.30

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11835** PARTNERRE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11835	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-11835	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-11835	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11840** FAIRWAY PHYSICIANS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,843.66
4/15/2013	\$1,843.66
5/15/2013	\$1,843.66
6/15/2013	\$1,843.66
7/15/2013	\$1,843.66
8/15/2013	\$1,843.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,061.96

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11843** MEDICAL PROTECTIVE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,193.06
4/15/2013	\$27,193.06
5/15/2013	\$27,193.06
6/15/2013	\$27,193.06
7/15/2013	\$27,193.06
8/15/2013	\$27,193.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$163,158.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11843	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11851** PROGRESSIVE ADVANCED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$717,242.09
4/15/2013	\$717,242.09
5/15/2013	\$717,242.09
6/15/2013	\$717,242.09
7/15/2013	\$717,242.09
8/15/2013	\$717,242.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,303,452.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11851	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11851	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 301,644 vehicles covered during 7/1/2012 to 12/31/2012	\$150,822.00
Auto Theft Authority Assessment for 308,863 vehicles covered during 1/1/2013 to 6/30/2013	\$154,431.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11853** RANCHERS AND FARMERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11853	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11853	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11855** PRIMERO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,087.75
4/15/2013	\$3,087.75
5/15/2013	\$3,087.75
6/15/2013	\$3,087.75
7/15/2013	\$3,087.75
8/15/2013	\$3,087.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,526.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,968 vehicles covered during 7/1/2012 to 12/31/2012	\$1,484.00
Auto Theft Authority Assessment for 2,591 vehicles covered during 1/1/2013 to 6/30/2013	\$1,295.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11860** COPIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-11860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-11860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11908** MERCURY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$65,007.91
4/15/2013	\$65,007.91
5/15/2013	\$65,007.91
6/15/2013	\$65,007.91
7/15/2013	\$65,007.91
8/15/2013	\$65,007.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$390,047.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11908	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11908	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 20,437 vehicles covered during 7/1/2012 to 12/31/2012	\$10,218.50
Auto Theft Authority Assessment for 18,797 vehicles covered during 1/1/2013 to 6/30/2013	\$9,398.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	11941	GREEN HILLS INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11950** HOME CONSTRUCTION INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11965** ALLEGIANT INSURANCE COMPANY, INC. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,204.24
4/15/2013	\$2,204.24
5/15/2013	\$2,204.24
6/15/2013	\$2,204.24
7/15/2013	\$2,204.24
8/15/2013	\$2,204.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,225.44

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11967** GENERAL STAR NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-11967	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11967	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11973** PCH MUTUAL INSURANCE COMPANY, INC. A RISK RETENTION GRP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11976** CENTURION MEDICAL LIABILITY PROTECTIVE RRG, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **11991** NATIONAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,423.98
4/15/2013	\$20,423.98
5/15/2013	\$20,423.98
6/15/2013	\$20,423.98
7/15/2013	\$20,423.98
8/15/2013	\$20,423.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$122,543.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11991	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11991	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-11991	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 346 vehicles covered during 7/1/2012 to 12/31/2012	\$173.00
Auto Theft Authority Assessment for 463 vehicles covered during 1/1/2013 to 6/30/2013	\$231.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **11997** CATERPILLAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-11997	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-11997	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12003** EMERGENCY MEDICINE PROFESSIONAL ASSURANCE CO. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12018** INDEMNITY INSURANCE CORPORATION OF DC, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,781.15
4/15/2013	\$3,781.15
5/15/2013	\$3,781.15
6/15/2013	\$3,781.15
7/15/2013	\$3,781.15
8/15/2013	\$3,781.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,686.90

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12041** MBIA INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12041	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12147** MIDWEST PROVIDER INSURANCE COMPANY, A RRG, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12151** ARCADIAN HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12157** COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,942.64
4/15/2013	\$14,942.64
5/15/2013	\$14,942.64
6/15/2013	\$14,942.64
7/15/2013	\$14,942.64
8/15/2013	\$14,942.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$89,655.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,132 vehicles covered during 7/1/2012 to 12/31/2012	\$1,066.00
Auto Theft Authority Assessment for 697 vehicles covered during 1/1/2013 to 6/30/2013	\$348.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12166** ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP,INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12167** CHARITABLE SERVICE PROVIDERS RECIPROCAL RRG

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

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12171** AMERIGUARD RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12172** CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY (A RRG)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12177** COMPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12180** CALIFORNIA MEDICAL GROUP INSURANCE COMPANY RRG

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12183** ORANGE COUNTY MEDICAL RECIPROCAL INSURANCE CO., A RRG

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

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12189** OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,122.53
4/15/2013	\$2,122.53
5/15/2013	\$2,122.53
6/15/2013	\$2,122.53
7/15/2013	\$2,122.53
8/15/2013	\$2,122.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,735.18

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12190** AMERICAN PET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,586.58
4/15/2013	\$1,586.58
5/15/2013	\$1,586.58
6/15/2013	\$1,586.58
7/15/2013	\$1,586.58
8/15/2013	\$1,586.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,519.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12200** AMERICAN LIBERTY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12209** RESTORATION RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$712.94
4/15/2013	\$712.94
5/15/2013	\$712.94
6/15/2013	\$712.94
7/15/2013	\$712.94
8/15/2013	\$712.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,277.64

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12217** CANYON INSURANCE SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 56:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,503.35
4/15/2013	\$3,503.35
5/15/2013	\$3,503.35
6/15/2013	\$3,503.35
7/15/2013	\$3,503.35
8/15/2013	\$3,503.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,020.10

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12236** HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12254** OMAHA INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12254	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12254	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-12254	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12256** UNITED INSURANCE COMPANY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$46,612.71
4/15/2013	\$46,612.71
5/15/2013	\$46,612.71
6/15/2013	\$46,612.71
7/15/2013	\$46,612.71
8/15/2013	\$46,612.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$279,676.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12256	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12256	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 34,444 vehicles covered during 7/1/2012 to 12/31/2012	\$17,222.00
Auto Theft Authority Assessment for 37,602 vehicles covered during 1/1/2013 to 6/30/2013	\$18,801.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12260** CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12262** PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,626.90
4/15/2013	\$7,626.90
5/15/2013	\$7,626.90
6/15/2013	\$7,626.90
7/15/2013	\$7,626.90
8/15/2013	\$7,626.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$45,761.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12262	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12262	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$17.50
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2013 to 6/30/2013	\$18.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12279** SCAN HEALTH PLAN ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12293** NATIONAL CONTRACTORS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$519.54
4/15/2013	\$519.54
5/15/2013	\$519.54
6/15/2013	\$519.54
7/15/2013	\$519.54
8/15/2013	\$519.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,117.24

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12297** PETROLEUM CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-12297	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-12297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12297	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12300** AMERICAN CONTRACTORS INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,596.18
4/15/2013	\$2,596.18
5/15/2013	\$2,596.18
6/15/2013	\$2,596.18
7/15/2013	\$2,596.18
8/15/2013	\$2,596.18
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,577.08

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$8.00
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2013 to 6/30/2013	\$8.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12304** ACCIDENT FUND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12304	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12305** ACCIDENT FUND NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12305	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12309** ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12309	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12311** BLOOMINGTON COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12311	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12311	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12319** PHILADELPHIA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-12319	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12320** INNOVATIVE PHYSICIAN SOLUTIONS, A RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12321** AMERICAN CONTINENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,458.06
4/15/2013	\$3,458.06
5/15/2013	\$3,458.06
6/15/2013	\$3,458.06
7/15/2013	\$3,458.06
8/15/2013	\$3,458.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,748.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12321	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12321	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12338** SEQUOIA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12338	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12338	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12373** CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,863.86
4/15/2013	\$1,863.90
5/15/2013	\$1,863.86
6/15/2013	\$1,863.86
7/15/2013	\$1,863.86
8/15/2013	\$1,863.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,183.20

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00
Auto Theft Authority Assessment for 50 vehicles covered during 7/1/2012 to 12/31/2012	\$25.00
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2013 to 6/30/2013	\$25.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12416** PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$408.84
4/15/2013	\$408.84
5/15/2013	\$408.84
6/15/2013	\$408.84
7/15/2013	\$408.84
8/15/2013	\$408.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,453.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12416	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12416	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-12416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12491** ROCHDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-12491	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-12491	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12497** PREFERRED CONTRACTORS INSURANCE COMPANY, RRG, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,446.74
4/15/2013	\$1,446.74
5/15/2013	\$1,446.74
6/15/2013	\$1,446.74
7/15/2013	\$1,446.74
8/15/2013	\$1,446.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,680.44

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12504** AMERIPRISE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12504	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12504	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-12504	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12508** LITTLE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12513** PROFESSIONAL LIABILITY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12515** EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,186.14
4/15/2013	\$2,186.14
5/15/2013	\$2,186.14
6/15/2013	\$2,186.14
7/15/2013	\$2,186.14
8/15/2013	\$2,186.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,116.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12515	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12515	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12521** SAFEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$100,822.97
4/15/2013	\$100,822.97
5/15/2013	\$100,822.97
6/15/2013	\$100,822.97
7/15/2013	\$100,822.97
8/15/2013	\$100,822.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$604,937.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12521	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12521	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 49,527 vehicles covered during 7/1/2012 to 12/31/2012	\$24,763.50
Auto Theft Authority Assessment for 73,539 vehicles covered during 1/1/2013 to 6/30/2013	\$36,769.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12528** WADENA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12529** NATIONAL MEDICAL PROFESSIONAL RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$460.80
4/15/2013	\$460.80
5/15/2013	\$460.80
6/15/2013	\$460.80
7/15/2013	\$460.80
8/15/2013	\$460.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,764.80

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12533** OPTICARE OF UTAH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12533	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12533	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12536** HOMEOWNERS OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12536	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12548** AMERICAN AGRI-BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12548	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12575** SILVERSCRIPT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-12575	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-12575	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12599** INFINITY STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,916.47
4/15/2013	\$18,916.47
5/15/2013	\$18,916.47
6/15/2013	\$18,916.47
7/15/2013	\$18,916.47
8/15/2013	\$18,916.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$113,498.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12599	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,014 vehicles covered during 7/1/2012 to 12/31/2012	\$4,507.00
Auto Theft Authority Assessment for 8,202 vehicles covered during 1/1/2013 to 6/30/2013	\$4,101.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12613** PREMIER PHYSICIANS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12625** FORT WAYNE MEDICAL SURETY COMPANY,RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12631** AMERICAN BUILDERS INSURANCE COMPANY RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12645** STANDARD CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,918.52
4/15/2013	\$1,918.52
5/15/2013	\$1,918.52
6/15/2013	\$1,918.52
7/15/2013	\$1,918.52
8/15/2013	\$1,918.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,511.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12645	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12645	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12718** DEVELOPERS SURETY AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,639.02
4/15/2013	\$3,639.02
5/15/2013	\$3,639.02
6/15/2013	\$3,639.02
7/15/2013	\$3,639.02
8/15/2013	\$3,639.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,834.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12718	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12718	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12741** COPPERPOINT PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12747** ENVISION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12747	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12747	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12750** EVERGREEN NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12750	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12754** MEDICUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,425.05
4/15/2013	\$13,425.05
5/15/2013	\$13,425.05
6/15/2013	\$13,425.05
7/15/2013	\$13,425.05
8/15/2013	\$13,425.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$80,550.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12754	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12754	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12777** CHUBB INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12815** FINANCIAL GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12831** STATE NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$39,057.05
4/15/2013	\$39,057.05
5/15/2013	\$39,057.05
6/15/2013	\$39,057.05
7/15/2013	\$39,057.05
8/15/2013	\$39,057.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$234,342.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12831	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12831	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$62.50
Auto Theft Authority Assessment for 71 vehicles covered during 1/1/2013 to 6/30/2013	\$35.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12866** T.H.E. INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,172.11
4/15/2013	\$3,182.65
5/15/2013	\$3,182.65
6/15/2013	\$3,182.65
7/15/2013	\$3,182.65
8/15/2013	\$3,182.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,085.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12866	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12866	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$4.50
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2013 to 6/30/2013	\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12870** SENTRUIITY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12873** PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,283.86
4/15/2013	\$1,283.86
5/15/2013	\$1,283.86
6/15/2013	\$1,283.86
7/15/2013	\$1,283.86
8/15/2013	\$1,283.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,703.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$55.50
Auto Theft Authority Assessment for 212 vehicles covered during 1/1/2013 to 6/30/2013	\$106.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12879** PROGRESSIVE COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12890** EAGLE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,417.85
4/15/2013	\$12,417.85
5/15/2013	\$12,417.85
6/15/2013	\$12,417.85
7/15/2013	\$12,417.85
8/15/2013	\$12,417.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,507.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-12890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-12890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 363 vehicles covered during 7/1/2012 to 12/31/2012	\$181.50
Auto Theft Authority Assessment for 430 vehicles covered during 1/1/2013 to 6/30/2013	\$215.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12902** HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12902	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12902	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12904** TOKIO MARINE & NICHIDO FIRE INS. CO., LTD. (U.S.BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,436.57
4/15/2013	\$9,436.57
5/15/2013	\$9,436.57
6/15/2013	\$9,436.57
7/15/2013	\$9,436.57
8/15/2013	\$9,436.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$56,619.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12904	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12904	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-12904	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$637.00
Auto Theft Authority Assessment for 1,319 vehicles covered during 1/1/2013 to 6/30/2013	\$659.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12910** AMERICA'S 1ST CHOICE HEALTH PLANS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-12910	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-12910	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	12915	URGENT CARE ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **12964** WELLCARE OF TEXAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12964	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-12964	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12966** KEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,500.75
4/15/2013	\$11,500.75
5/15/2013	\$11,500.75
6/15/2013	\$11,500.75
7/15/2013	\$11,500.75
8/15/2013	\$11,500.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$69,004.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-12966	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-12966	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 12,823 vehicles covered during 7/1/2012 to 12/31/2012	\$6,411.50
Auto Theft Authority Assessment for 15,484 vehicles covered during 1/1/2013 to 6/30/2013	\$7,742.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12988** SCRUBS MUTUAL ASSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **12995** PHP RISK RETENTION GROUP, LIMITED

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13010** BONDED BUILDERS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13014** LANCET INDEMNITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13018** DOCTOR'S & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$604.95
4/15/2013	\$604.95
5/15/2013	\$604.95
6/15/2013	\$604.95
7/15/2013	\$604.95
8/15/2013	\$604.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,629.70

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13019** EASTERN ADVANTAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13019	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13019	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13021** UNITED FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,012.27
4/15/2013	\$9,012.27
5/15/2013	\$9,012.27
6/15/2013	\$9,012.27
7/15/2013	\$9,012.27
8/15/2013	\$9,012.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,073.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13021	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13021	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,067 vehicles covered during 7/1/2012 to 12/31/2012	\$533.50
Auto Theft Authority Assessment for 1,945 vehicles covered during 1/1/2013 to 6/30/2013	\$972.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13043** COPPERPOINT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13056** RLI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,478.28
4/15/2013	\$23,478.28
5/15/2013	\$23,478.28
6/15/2013	\$23,478.28
7/15/2013	\$23,478.28
8/15/2013	\$23,478.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$140,870.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-13056	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-13056	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13056	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$124.50
Auto Theft Authority Assessment for 535 vehicles covered during 1/1/2013 to 6/30/2013	\$267.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13062** OLYMPIA RISK RETENTION GROUP, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13067** PROFESSIONALS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,658.28
4/15/2013	\$9,658.28
5/15/2013	\$9,658.28
6/15/2013	\$9,658.28
7/15/2013	\$9,658.28
8/15/2013	\$9,658.28
TOTAL INSTALLMENTS PAID IN 2013:	
	\$57,949.68

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13070** BERKSHIRE HATHAWAY ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13100** OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13100	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-13100	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13126** MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13137** VIKING INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,720.08
4/15/2013	\$5,720.08
5/15/2013	\$5,720.08
6/15/2013	\$5,720.08
7/15/2013	\$5,720.08
8/15/2013	\$5,720.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,320.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,899 vehicles covered during 7/1/2012 to 12/31/2012	\$1,949.50
Auto Theft Authority Assessment for 2,952 vehicles covered during 1/1/2013 to 6/30/2013	\$1,476.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13161** COMMERCE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,477.25
4/15/2013	\$16,477.25
5/15/2013	\$16,477.25
6/15/2013	\$16,477.25
7/15/2013	\$16,477.25
8/15/2013	\$16,477.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$98,863.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,559 vehicles covered during 7/1/2012 to 12/31/2012	\$4,779.50
Auto Theft Authority Assessment for 8,664 vehicles covered during 1/1/2013 to 6/30/2013	\$4,332.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13177** ARCOA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$518.66
4/15/2013	\$518.66
5/15/2013	\$518.66
6/15/2013	\$518.66
7/15/2013	\$518.66
8/15/2013	\$518.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,111.96

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13179** PROAIR RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13183** EAGLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-13183	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-13183	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13188** WESTERN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,978.90
4/15/2013	\$18,978.90
5/15/2013	\$18,978.90
6/15/2013	\$18,978.90
7/15/2013	\$18,978.90
8/15/2013	\$18,978.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$113,873.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13209** COPPERPOINT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	13210	COPPERPOINT CASUALTY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13234** WILSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,558.96
4/15/2013	\$17,558.96
5/15/2013	\$17,558.96
6/15/2013	\$17,558.96
7/15/2013	\$17,558.96
8/15/2013	\$17,558.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$105,353.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-13234	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$10.50
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2013 to 6/30/2013	\$9.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13242** TITAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,627.56
4/15/2013	\$30,627.56
5/15/2013	\$30,627.56
6/15/2013	\$30,627.56
7/15/2013	\$30,627.56
8/15/2013	\$30,627.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$183,765.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 13,308 vehicles covered during 7/1/2012 to 12/31/2012	\$6,654.00
Auto Theft Authority Assessment for 11,787 vehicles covered during 1/1/2013 to 6/30/2013	\$5,893.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13250** WORKMEN'S AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13269** ZENITH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13285** ALLEGHENY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$611.87
4/15/2013	\$611.87
5/15/2013	\$611.87
6/15/2013	\$611.87
7/15/2013	\$611.87
8/15/2013	\$611.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,671.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13285	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13307** LEXON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,053.92
4/15/2013	\$5,053.92
5/15/2013	\$5,053.92
6/15/2013	\$5,053.92
7/15/2013	\$5,053.92
8/15/2013	\$5,053.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$30,323.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13331** MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-13331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-13331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13412** AUSTIN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,084.35
4/15/2013	\$22,084.35
5/15/2013	\$22,084.35
6/15/2013	\$22,084.35
7/15/2013	\$22,084.35
8/15/2013	\$22,084.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$132,506.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13412	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13412	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,901 vehicles covered during 7/1/2012 to 12/31/2012	\$1,950.50
Auto Theft Authority Assessment for 3,027 vehicles covered during 1/1/2013 to 6/30/2013	\$1,513.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13420** BADGER MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,581.53
4/15/2013	\$19,581.53
5/15/2013	\$19,581.53
6/15/2013	\$19,581.53
7/15/2013	\$19,581.33
8/15/2013	\$19,581.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$117,488.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-13420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-13420	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,940 vehicles covered during 7/1/2012 to 12/31/2012	\$1,470.00
Auto Theft Authority Assessment for 2,729 vehicles covered during 1/1/2013 to 6/30/2013	\$1,364.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13528** BROTHERHOOD MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,394.03
4/15/2013	\$12,394.03
5/15/2013	\$12,394.03
6/15/2013	\$12,394.03
7/15/2013	\$12,394.03
8/15/2013	\$12,394.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,364.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-13528	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,120 vehicles covered during 7/1/2012 to 12/31/2012	\$560.00
Auto Theft Authority Assessment for 1,111 vehicles covered during 1/1/2013 to 6/30/2013	\$555.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13544** CALIFORNIA CAPITAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13544	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13544	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13559** MUNICIPAL ASSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13559	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13562** CAREMORE HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13580** ARISE BOILER INSPECTION AND INSURANCE COMPANY RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13601** ECOLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13613** COLLEGE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13625** WESTERN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13625	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13625	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13634** ESSENT GUARANTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,515.20
4/15/2013	\$6,515.20
5/15/2013	\$6,515.20
6/15/2013	\$6,515.20
7/15/2013	\$6,515.20
8/15/2013	\$6,515.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$39,091.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13677** AFFILIATES INSURANCE RECIPROCAL, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13695** NATIONAL MORTGAGE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13695	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13703** GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13714** PHARMACISTS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,161.32
4/15/2013	\$11,161.32
5/15/2013	\$11,161.32
6/15/2013	\$11,161.32
7/15/2013	\$11,161.32
8/15/2013	\$11,161.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$66,967.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13714	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13714	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$832.00
Auto Theft Authority Assessment for 1,441 vehicles covered during 1/1/2013 to 6/30/2013	\$720.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13720** CROSSFIT RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13722** KNIGHTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,458.10
4/15/2013	\$3,458.10
5/15/2013	\$3,458.10
6/15/2013	\$3,458.10
7/15/2013	\$3,458.10
8/15/2013	\$3,458.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,748.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13722	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-13722	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-13722	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,125 vehicles covered during 7/1/2012 to 12/31/2012	\$4,562.50
Auto Theft Authority Assessment for 48,645 vehicles covered during 1/1/2013 to 6/30/2013	\$24,322.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13730** SELECTIVE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,641.78
4/15/2013	\$1,641.78
5/15/2013	\$1,641.78
6/15/2013	\$1,641.78
7/15/2013	\$1,641.78
8/15/2013	\$1,641.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,850.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13736** RED ROCK RISK RETENTION GROUP, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13751** COPPERPOINT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13773** FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$178,167.77
4/15/2013	\$178,167.77
5/15/2013	\$178,167.77
6/15/2013	\$178,167.77
7/15/2013	\$178,167.77
8/15/2013	\$178,167.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,069,006.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13773	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13773	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 51,556 vehicles covered during 7/1/2012 to 12/31/2012	\$25,778.00
Auto Theft Authority Assessment for 51,229 vehicles covered during 1/1/2013 to 6/30/2013	\$25,614.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13791** AVIATION ALLIANCE INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13792** NEW HOME WARRANTY INSURANCE CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$515.68
4/15/2013	\$515.68
5/15/2013	\$515.68
6/15/2013	\$515.68
7/15/2013	\$515.68
8/15/2013	\$515.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,094.08

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **13838** FARMLAND MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,942.88
4/15/2013	\$2,942.88
5/15/2013	\$2,942.88
6/15/2013	\$2,942.88
7/15/2013	\$2,942.88
8/15/2013	\$2,942.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,657.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13838	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13838	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2012 to 12/31/2012	\$23.50
Auto Theft Authority Assessment for 165 vehicles covered during 1/1/2013 to 6/30/2013	\$82.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13893** COMMUNITY BLOOD CENTERS' EXCHANGE RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13928** COPPERPOINT INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13929** COPPERPOINT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13930** COMMONWEALTH CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,895.85
4/15/2013	\$2,895.85
5/15/2013	\$2,895.85
6/15/2013	\$2,895.85
7/15/2013	\$2,895.85
8/15/2013	\$2,895.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,375.10

Auto Theft Authority Assessment for 2,210 vehicles covered during 7/1/2012 to 12/31/2012	\$1,105.00
Auto Theft Authority Assessment for 6,827 vehicles covered during 1/1/2013 to 6/30/2013	\$3,413.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **13935** FEDERATED MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,368.17
4/15/2013	\$14,368.17
5/15/2013	\$14,368.17
6/15/2013	\$14,368.17
7/15/2013	\$14,368.17
8/15/2013	\$14,368.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$86,209.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-13935	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-13935	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13935	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,596 vehicles covered during 7/1/2012 to 12/31/2012	\$798.00
Auto Theft Authority Assessment for 1,734 vehicles covered during 1/1/2013 to 6/30/2013	\$867.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13978** FLORISTS' MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$471.72
4/15/2013	\$471.72
5/15/2013	\$471.72
6/15/2013	\$471.72
7/15/2013	\$471.72
8/15/2013	\$471.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,830.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-13978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-13978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$10.00
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2013 to 6/30/2013	\$9.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **13986** FRANKENMUTH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-13986	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-13986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13993** STATE CAPITOL INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **13995** PHYSICIANS CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	14004	UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14010** CRUSADER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$559.95
4/15/2013	\$559.95
5/15/2013	\$559.95
6/15/2013	\$559.95
7/15/2013	\$559.95
8/15/2013	\$559.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,359.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-14010	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-14010	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14026** SUNLAND RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14062** MMIC RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14084** LIVESTOCK MARKET ENHANCEMENT RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14108** PIA PROFESSIONAL LIABILITY INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14122** WESTERN CATHOLIC INSURANCE COMPANY, RRG INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,863.09
4/15/2013	\$1,863.09
5/15/2013	\$1,863.09
6/15/2013	\$1,863.09
7/15/2013	\$1,863.09
8/15/2013	\$1,863.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,178.54

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14133** VALLEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14133	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14133	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14135** RPX RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14137** GEICO SECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14138** GEICO ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14138	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14139** GEICO CHOICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP12-14139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA12-14139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
FRA14-14139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14184** ACUITY, A MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$100,990.25
4/15/2013	\$100,990.25
5/15/2013	\$100,990.25
6/15/2013	\$100,990.25
7/15/2013	\$100,990.25
8/15/2013	\$100,990.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$605,941.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-14184	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 19,596 vehicles covered during 7/1/2012 to 12/31/2012	\$9,798.00
Auto Theft Authority Assessment for 18,697 vehicles covered during 1/1/2013 to 6/30/2013	\$9,348.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14190** OBI NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14206** HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,488.03
4/15/2013	\$5,488.03
5/15/2013	\$5,488.03
6/15/2013	\$5,488.03
7/15/2013	\$5,488.03
8/15/2013	\$5,488.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$32,928.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14207** SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2012 to 12/31/2012	\$3.00
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2013 to 6/30/2013	\$30.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	14216	COPPERPOINT MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14240** FIRST NATIONAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14249** FOUNDERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,842.54
4/15/2013	\$1,842.54
5/15/2013	\$1,842.54
6/15/2013	\$1,842.54
7/15/2013	\$1,842.54
8/15/2013	\$1,842.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,055.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14249	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14249	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14257** IMT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14257	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14265** INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,250.55
4/15/2013	\$1,250.55
5/15/2013	\$1,250.55
6/15/2013	\$1,250.55
7/15/2013	\$1,250.55
8/15/2013	\$1,250.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,503.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14265	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14265	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 61 vehicles covered during 7/1/2012 to 12/31/2012	\$30.50
Auto Theft Authority Assessment for 78 vehicles covered during 1/1/2013 to 6/30/2013	\$39.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14347** DOCTORS CO RISK RETENTION GROUP, A REC EXCHANGE (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14354** JEWELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,645.97
4/15/2013	\$5,645.97
5/15/2013	\$5,645.97
6/15/2013	\$5,645.97
7/15/2013	\$5,645.97
8/15/2013	\$5,645.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,875.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14354	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14354	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14366** NASW RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14375** IRONSHORE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14380** BUILD AMERICA MUTUAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14388** CHEROKEE GUARANTEE COMPANY, INC. A RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14395** TERRAFIRMA RISK RETENTION GROUP, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14406** INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$961.36
4/15/2013	\$961.36
5/15/2013	\$961.36
6/15/2013	\$961.36
7/15/2013	\$961.36
8/15/2013	\$961.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,768.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-14406	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-14406	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14425** ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14439** FIDUCIARIES RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14460** PODIATRY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,448.65
4/15/2013	\$4,448.68
5/15/2013	\$4,448.65
6/15/2013	\$4,448.65
7/15/2013	\$4,448.65
8/15/2013	\$4,448.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,691.93

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14494** MERCHANTS BONDING COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,848.00
4/15/2013	\$13,847.85
5/15/2013	\$13,848.00
6/15/2013	\$13,848.00
7/15/2013	\$13,848.00
8/15/2013	\$13,848.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$83,087.85

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14508** MICHIGAN MILLERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14559** GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,899.99
4/15/2013	\$1,899.99
5/15/2013	\$1,899.99
6/15/2013	\$1,899.99
7/15/2013	\$1,899.99
8/15/2013	\$1,899.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,399.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14559	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14559	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14641** MAGELLAN COMPLETE CARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14648** MOUNTAIN STATES MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14676** COMPASS COOPERATIVE HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14689** U.S. LEGAL SERVICES OF TENNESSEE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14689	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14702** EASTGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-14702	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-14702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14704** CENPATICO OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14761** MUTUAL OF ENUMCLAW INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14761	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14761	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14788** NGM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,523.92
4/15/2013	\$14,523.92
5/15/2013	\$14,523.92
6/15/2013	\$14,523.92
7/15/2013	\$14,523.92
8/15/2013	\$14,523.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$87,143.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-14788	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-14788	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14904** MERCY MARICOPA INTEGRATED CARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14906** COPIC, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14925** LANCASHIRE INSURANCE COMPANY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14927** AXIS SPECIALTY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **14974** PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,158.35
4/15/2013	\$5,158.35
5/15/2013	\$5,158.35
6/15/2013	\$5,158.35
7/15/2013	\$5,158.35
8/15/2013	\$5,158.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$30,950.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 261 vehicles covered during 7/1/2012 to 12/31/2012	\$130.50
Auto Theft Authority Assessment for 249 vehicles covered during 1/1/2013 to 6/30/2013	\$124.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **14990** PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-14990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-14990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-14990	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15032** GUIDEONE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,827.90
4/15/2013	\$3,827.90
5/15/2013	\$3,827.90
6/15/2013	\$3,827.90
7/15/2013	\$3,827.90
8/15/2013	\$3,827.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,967.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-15032	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-15032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 294 vehicles covered during 7/1/2012 to 12/31/2012	\$147.00
Auto Theft Authority Assessment for 312 vehicles covered during 1/1/2013 to 6/30/2013	\$156.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15059** PUBLIC SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-15059	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-15059	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15081** HEALTH CHOICE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15092** COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15105** SAFETY NATIONAL CASUALTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,082.98
4/15/2013	\$9,082.98
5/15/2013	\$9,082.98
6/15/2013	\$9,082.98
7/15/2013	\$9,082.98
8/15/2013	\$9,082.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,497.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$207.50
Auto Theft Authority Assessment for 561 vehicles covered during 1/1/2013 to 6/30/2013	\$280.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15130** ENCOMPASS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,295.52
4/15/2013	\$12,295.52
5/15/2013	\$12,295.52
6/15/2013	\$12,295.52
7/15/2013	\$12,295.52
8/15/2013	\$12,295.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$73,773.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$800.00
Auto Theft Authority Assessment for 1,450 vehicles covered during 1/1/2013 to 6/30/2013	\$725.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15204** CONTINENTAL RISK UNDERWRITERS RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15208** ONYX INSURANCE COMPANY, INC., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15238** COMPREHENSIVE MOBILE INSURANCE ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 56:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15377** WESTERN NATIONAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15377	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15377	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15385** ONECIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-15385	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-15385	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15474** NATIONAL LLOYDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	LL	LLOYDS ASSOCIATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15474	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15474	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15563** SEABRIGHT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15563	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-15563	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-15563	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15586** PRESERVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,220.84
4/15/2013	\$2,220.84
5/15/2013	\$2,220.84
6/15/2013	\$2,220.84
7/15/2013	\$2,220.84
8/15/2013	\$2,220.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,325.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15586	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15586	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 546 vehicles covered during 7/1/2012 to 12/31/2012	\$273.00
Auto Theft Authority Assessment for 51 vehicles covered during 1/1/2013 to 6/30/2013	\$25.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15610** AXIS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-15610	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-15610	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15679** NATIONAL FIRE AND INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15679	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15679	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$10.00
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2013 to 6/30/2013	\$10.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15865** NCMIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,132.03
4/15/2013	\$5,132.03
5/15/2013	\$5,132.03
6/15/2013	\$5,132.03
7/15/2013	\$5,132.03
8/15/2013	\$5,132.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$30,792.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15873** UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$26,260.99
4/15/2013	\$26,260.99
5/15/2013	\$26,260.99
6/15/2013	\$26,260.99
7/15/2013	\$26,260.99
8/15/2013	\$26,260.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$157,565.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-15873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15911** AMERICAN MINING INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-15911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-15911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$0.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **15954** AMTRUST INSURANCE COMPANY OF KANSAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,197.84
4/15/2013	\$1,197.84
5/15/2013	\$1,197.84
6/15/2013	\$1,197.84
7/15/2013	\$1,197.84
8/15/2013	\$1,197.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,187.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15954	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15954	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 78 vehicles covered during 7/1/2012 to 12/31/2012	\$39.00
Auto Theft Authority Assessment for 144 vehicles covered during 1/1/2013 to 6/30/2013	\$72.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **15962** KANSAS BANKERS SURETY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-15962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-15962	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16063** UNITRIN AUTO AND HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16063	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-16063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16187** MOSAIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-16187	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-16187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-16187	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **16217** NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$624.42
4/15/2013	\$624.42
5/15/2013	\$624.42
6/15/2013	\$624.42
7/15/2013	\$624.42
8/15/2013	\$624.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,746.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-16217	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-16217	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-16217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 137 vehicles covered during 7/1/2012 to 12/31/2012	\$68.50
Auto Theft Authority Assessment for 135 vehicles covered during 1/1/2013 to 6/30/2013	\$67.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **16535** ZURICH AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$131,298.58
4/15/2013	\$131,298.58
5/15/2013	\$131,298.58
6/15/2013	\$131,298.58
7/15/2013	\$131,298.58
8/15/2013	\$131,298.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$787,791.49

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16535	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-16535	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-16535	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 11,532 vehicles covered during 7/1/2012 to 12/31/2012	\$5,766.00
Auto Theft Authority Assessment for 6,911 vehicles covered during 1/1/2013 to 6/30/2013	\$3,455.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16578** STILLWATER PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-16578	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-16578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **16608** NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,595.77
4/15/2013	\$5,595.77
5/15/2013	\$5,595.77
6/15/2013	\$5,595.77
7/15/2013	\$5,595.77
8/15/2013	\$5,595.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,574.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-16608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$8.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **16624** DARWIN NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,199.83
4/15/2013	\$15,199.83
5/15/2013	\$15,199.83
6/15/2013	\$15,199.83
7/15/2013	\$15,199.86
8/15/2013	\$15,933.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$91,933.01

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16624	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-16624	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	16659	UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF NC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16659	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16675** GENWORTH MORTGAGE INSURANCE CORPORATION OF N C

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **16691** GREAT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$41,310.00
4/15/2013	\$41,303.67
5/15/2013	\$41,303.67
6/15/2013	\$41,303.67
7/15/2013	\$41,303.67
8/15/2013	\$41,303.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$247,828.35

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16691	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-16691	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-16691	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 845 vehicles covered during 7/1/2012 to 12/31/2012	\$422.50
Auto Theft Authority Assessment for 226 vehicles covered during 1/1/2013 to 6/30/2013	\$113.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16705** DEALERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,466.59
4/15/2013	\$2,466.59
5/15/2013	\$2,466.59
6/15/2013	\$2,466.59
7/15/2013	\$2,466.59
8/15/2013	\$2,466.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,799.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-16705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16713** BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-16713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-16713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16802** INFINITY SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-16802	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **16810** AMERICAN MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,379.19
4/15/2013	\$4,379.19
5/15/2013	\$4,379.19
6/15/2013	\$4,379.19
7/15/2013	\$4,379.19
8/15/2013	\$4,379.19
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,275.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-16810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-16810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **17221** HOMESITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-17221	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-17221	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-17221	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **17230** ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$341,910.70
4/15/2013	\$341,910.70
5/15/2013	\$341,910.70
6/15/2013	\$341,910.70
7/15/2013	\$341,910.70
8/15/2013	\$341,910.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,051,464.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-17230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-17230	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-17230	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 54,014 vehicles covered during 7/1/2012 to 12/31/2012	\$27,007.00
Auto Theft Authority Assessment for 53,712 vehicles covered during 1/1/2013 to 6/30/2013	\$26,856.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **17248** SAFEWAY PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-17248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-17248	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **17370** NAUTILUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,858.23
4/15/2013	\$1,858.23
5/15/2013	\$1,858.23
6/15/2013	\$1,858.23
7/15/2013	\$1,858.23
8/15/2013	\$1,858.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,149.38

Auto Theft Authority Assessment for 11 vehicles covered during 7/1/2012 to 12/31/2012	\$5.50
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2013 to 6/30/2013	\$11.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **17965** AMERICAN SENTINEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-17965	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-17965	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-17965	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18023** STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,242.33
4/15/2013	\$9,242.33
5/15/2013	\$9,242.33
6/15/2013	\$9,242.33
7/15/2013	\$9,242.33
8/15/2013	\$9,242.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$55,453.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18023	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18023	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-18023	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$89.50
Auto Theft Authority Assessment for 205 vehicles covered during 1/1/2013 to 6/30/2013	\$102.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18031** TOPA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,734.70
4/15/2013	\$1,734.70
5/15/2013	\$1,734.70
6/15/2013	\$1,734.70
7/15/2013	\$1,734.70
8/15/2013	\$1,734.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,408.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18031	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-18031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,063 vehicles covered during 7/1/2012 to 12/31/2012	\$1,031.50
Auto Theft Authority Assessment for 2,797 vehicles covered during 1/1/2013 to 6/30/2013	\$1,398.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18058** PHILADELPHIA INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,068.38
4/15/2013	\$14,068.38
5/15/2013	\$14,068.38
6/15/2013	\$14,068.38
7/15/2013	\$14,068.38
8/15/2013	\$14,068.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$84,410.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18058	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 8,311 vehicles covered during 7/1/2012 to 12/31/2012	\$4,155.50
Auto Theft Authority Assessment for 12,857 vehicles covered during 1/1/2013 to 6/30/2013	\$6,428.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18139** PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$125,293.26
4/15/2013	\$125,293.26
5/15/2013	\$125,293.26
6/15/2013	\$125,293.26
7/15/2013	\$125,293.26
8/15/2013	\$125,293.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$751,759.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 103,288 vehicles covered during 7/1/2012 to 12/31/2012	\$51,644.00
Auto Theft Authority Assessment for 64,148 vehicles covered during 1/1/2013 to 6/30/2013	\$32,074.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18279** BANKERS STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,281.02
4/15/2013	\$28,281.02
5/15/2013	\$28,281.02
6/15/2013	\$28,281.02
7/15/2013	\$28,281.02
8/15/2013	\$28,281.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$169,686.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-18279	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-18279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18279	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,710 vehicles covered during 7/1/2012 to 12/31/2012	\$1,355.00
Auto Theft Authority Assessment for 3,208 vehicles covered during 1/1/2013 to 6/30/2013	\$1,604.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18287** ASSURED GUARANTY MUNICIPAL CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,558.15
4/15/2013	\$3,558.00
5/15/2013	\$3,558.15
6/15/2013	\$3,558.15
7/15/2013	\$3,558.15
8/15/2013	\$3,558.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,348.75

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18287	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18333** PEERLESS INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$101,701.46
4/15/2013	\$101,701.46
5/15/2013	\$101,701.46
6/15/2013	\$101,701.46
7/15/2013	\$101,701.46
8/15/2013	\$101,701.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$610,208.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18333	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18333	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 8,102 vehicles covered during 7/1/2012 to 12/31/2012	\$4,051.00
Auto Theft Authority Assessment for 6,920 vehicles covered during 1/1/2013 to 6/30/2013	\$3,460.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18468** INDEMNITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18468	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18468	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18538** BANCINSURE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-18538	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-18538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18538	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18600** USAA GENERAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$156,142.30
4/15/2013	\$156,142.30
5/15/2013	\$156,142.30
6/15/2013	\$156,142.30
7/15/2013	\$156,142.30
8/15/2013	\$156,142.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$936,853.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 48,946 vehicles covered during 7/1/2012 to 12/31/2012	\$24,473.00
Auto Theft Authority Assessment for 52,822 vehicles covered during 1/1/2013 to 6/30/2013	\$26,411.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18619** PLATTE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,917.35
4/15/2013	\$4,917.35
5/15/2013	\$4,917.35
6/15/2013	\$4,917.35
7/15/2013	\$4,917.35
8/15/2013	\$4,917.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,504.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18619	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18619	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18694** GREAT MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$581.73
4/15/2013	\$581.73
5/15/2013	\$581.73
6/15/2013	\$581.73
7/15/2013	\$581.73
8/15/2013	\$581.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,490.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-18694	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-18694	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-18694	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2012 to 12/31/2012	\$8.50
Auto Theft Authority Assessment for 171 vehicles covered during 1/1/2013 to 6/30/2013	\$85.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18708** AMBAC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18708	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18732** PMI MORTGAGE ASSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18740** MGIC INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18759** GENWORTH RESIDENTIAL MORTGAGE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **18767** CHURCH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,820.17
4/15/2013	\$18,820.17
5/15/2013	\$18,820.17
6/15/2013	\$18,820.17
7/15/2013	\$18,820.17
8/15/2013	\$18,820.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$112,921.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-18767	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-18767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18767	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 356 vehicles covered during 7/1/2012 to 12/31/2012	\$178.00
Auto Theft Authority Assessment for 408 vehicles covered during 1/1/2013 to 6/30/2013	\$204.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **18813** DENTISTS BENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,316.49
4/15/2013	\$1,316.49
5/15/2013	\$1,316.49
6/15/2013	\$1,316.49
7/15/2013	\$1,316.49
8/15/2013	\$1,316.49
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,898.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18813	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-18813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18864** FAIRMONT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18864	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-18864	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18939** UNITED HERITAGE PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18939	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18939	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$20.00
Auto Theft Authority Assessment for 75 vehicles covered during 1/1/2013 to 6/30/2013	\$37.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **18953** CSE SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,364.75
4/15/2013	\$7,364.75
5/15/2013	\$7,364.75
6/15/2013	\$7,364.75
7/15/2013	\$7,364.75
8/15/2013	\$7,364.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$44,188.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-18953	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-18953	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **18961** CRESTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18961	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-18961	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **18988** AUTO-OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$86,648.69
4/15/2013	\$86,648.69
5/15/2013	\$86,648.69
6/15/2013	\$86,648.69
7/15/2013	\$86,648.69
8/15/2013	\$86,648.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$519,892.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-18988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-18988	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-18988	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,282 vehicles covered during 7/1/2012 to 12/31/2012	\$3,641.00
Auto Theft Authority Assessment for 8,189 vehicles covered during 1/1/2013 to 6/30/2013	\$4,094.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19038** TRAVELERS CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,855.47
4/15/2013	\$2,855.47
5/15/2013	\$2,855.47
6/15/2013	\$2,855.47
7/15/2013	\$2,855.47
8/15/2013	\$2,855.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,132.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19038	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19038	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19038	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$16.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19046** TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$49,978.45
4/15/2013	\$49,978.45
5/15/2013	\$49,978.45
6/15/2013	\$49,978.45
7/15/2013	\$49,978.45
8/15/2013	\$49,978.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$299,870.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19046	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19046	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 662 vehicles covered during 7/1/2012 to 12/31/2012	\$331.00
Auto Theft Authority Assessment for 568 vehicles covered during 1/1/2013 to 6/30/2013	\$284.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19062** AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$37,405.27
4/15/2013	\$37,405.27
5/15/2013	\$37,405.27
6/15/2013	\$37,405.27
7/15/2013	\$37,405.27
8/15/2013	\$37,405.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$224,431.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19062	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19062	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19070** STANDARD FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,765.17
4/15/2013	\$17,765.17
5/15/2013	\$17,765.17
6/15/2013	\$17,765.17
7/15/2013	\$17,765.17
8/15/2013	\$17,765.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$106,591.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19070	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 520 vehicles covered during 7/1/2012 to 12/31/2012	\$260.00
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2013 to 6/30/2013	\$3.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19100** AMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$127,739.10
4/15/2013	\$127,739.10
5/15/2013	\$127,739.10
6/15/2013	\$127,739.10
7/15/2013	\$127,739.10
8/15/2013	\$127,739.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$766,434.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19100	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19100	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 17,238 vehicles covered during 7/1/2012 to 12/31/2012	\$8,619.00
Auto Theft Authority Assessment for 17,859 vehicles covered during 1/1/2013 to 6/30/2013	\$8,929.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19119** NATIONAL UNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,000.00
4/15/2013	\$2,000.10
5/15/2013	\$2,000.10
6/15/2013	\$2,000.10
7/15/2013	\$2,000.10
8/15/2013	\$2,000.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,000.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19119	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,420 vehicles covered during 7/1/2012 to 12/31/2012	\$1,210.00
Auto Theft Authority Assessment for 5,285 vehicles covered during 1/1/2013 to 6/30/2013	\$2,642.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19216** SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,976.98
4/15/2013	\$3,976.98
5/15/2013	\$3,976.98
6/15/2013	\$3,976.98
7/15/2013	\$3,976.98
8/15/2013	\$3,976.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,861.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19216	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19216	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,113 vehicles covered during 7/1/2012 to 12/31/2012	\$2,056.50
Auto Theft Authority Assessment for 804 vehicles covered during 1/1/2013 to 6/30/2013	\$402.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19224** ST. PAUL PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19224	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19224	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19224	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2012 to 12/31/2012	\$30.00
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2013 to 6/30/2013	\$6.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19232** ALLSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$187,682.85
4/15/2013	\$187,682.85
5/15/2013	\$187,682.85
6/15/2013	\$187,682.85
7/15/2013	\$187,682.85
8/15/2013	\$187,682.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,126,097.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 44,327 vehicles covered during 7/1/2012 to 12/31/2012	\$22,163.50
Auto Theft Authority Assessment for 42,093 vehicles covered during 1/1/2013 to 6/30/2013	\$21,046.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19240** ALLSTATE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$253,383.39
4/15/2013	\$253,383.39
5/15/2013	\$253,383.39
6/15/2013	\$253,383.39
7/15/2013	\$253,383.39
8/15/2013	\$253,383.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,520,300.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19240	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 20,662 vehicles covered during 7/1/2012 to 12/31/2012	\$10,331.00
Auto Theft Authority Assessment for 19,741 vehicles covered during 1/1/2013 to 6/30/2013	\$9,870.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19275** AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,028,318.83
4/15/2013	\$1,028,318.83
5/15/2013	\$1,028,318.83
6/15/2013	\$1,028,318.83
7/15/2013	\$1,028,318.83
8/15/2013	\$1,028,318.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,169,912.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19275	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19275	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 192,041 vehicles covered during 7/1/2012 to 12/31/2012	\$96,020.50
Auto Theft Authority Assessment for 192,430 vehicles covered during 1/1/2013 to 6/30/2013	\$96,215.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19283** AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$62,964.90
4/15/2013	\$62,964.90
5/15/2013	\$62,964.90
6/15/2013	\$62,964.90
7/15/2013	\$62,964.90
8/15/2013	\$62,964.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$377,789.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19283	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19283	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 18,908 vehicles covered during 7/1/2012 to 12/31/2012	\$9,454.00
Auto Theft Authority Assessment for 19,093 vehicles covered during 1/1/2013 to 6/30/2013	\$9,546.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19305** ASSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,775.02
4/15/2013	\$5,775.02
5/15/2013	\$5,775.02
6/15/2013	\$5,775.02
7/15/2013	\$5,775.02
8/15/2013	\$5,775.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,650.13

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19305	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19305	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 686 vehicles covered during 7/1/2012 to 12/31/2012	\$343.00
Auto Theft Authority Assessment for 508 vehicles covered during 1/1/2013 to 6/30/2013	\$254.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19348** CAPSON PHYSICIANS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,559.88
4/15/2013	\$1,559.88
5/15/2013	\$1,559.88
6/15/2013	\$1,559.88
7/15/2013	\$1,559.88
8/15/2013	\$1,559.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,359.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19356** MARYLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,060.64
4/15/2013	\$11,060.64
5/15/2013	\$11,060.64
6/15/2013	\$11,060.64
7/15/2013	\$11,060.64
8/15/2013	\$11,060.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$66,363.87

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19356	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19356	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19356	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 385 vehicles covered during 7/1/2012 to 12/31/2012	\$192.50
Auto Theft Authority Assessment for 240 vehicles covered during 1/1/2013 to 6/30/2013	\$120.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19372** NORTHERN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,785.38
4/15/2013	\$1,785.38
5/15/2013	\$1,785.38
6/15/2013	\$1,785.38
7/15/2013	\$1,785.38
8/15/2013	\$1,785.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,712.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19372	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19372	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19372	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 150 vehicles covered during 7/1/2012 to 12/31/2012	\$75.00
Auto Theft Authority Assessment for 96 vehicles covered during 1/1/2013 to 6/30/2013	\$48.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19380** AMERICAN HOME ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19380	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19380	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19399** AIU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19399	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **19402** AIG PROPERTY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,890.95
4/15/2013	\$13,890.95
5/15/2013	\$13,890.95
6/15/2013	\$13,890.95
7/15/2013	\$13,890.95
8/15/2013	\$13,890.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$83,345.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19402	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19402	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,592 vehicles covered during 7/1/2012 to 12/31/2012	\$796.00
Auto Theft Authority Assessment for 1,883 vehicles covered during 1/1/2013 to 6/30/2013	\$941.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19410** COMMERCE AND INDUSTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$38,644.76
4/15/2013	\$38,644.76
5/15/2013	\$38,644.76
6/15/2013	\$38,644.76
7/15/2013	\$38,644.76
8/15/2013	\$38,644.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$231,868.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19410	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19410	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$66.00
Auto Theft Authority Assessment for 141 vehicles covered during 1/1/2013 to 6/30/2013	\$70.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19429** INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,992.13
4/15/2013	\$14,992.13
5/15/2013	\$14,992.13
6/15/2013	\$14,992.13
7/15/2013	\$14,992.13
8/15/2013	\$14,992.13
TOTAL INSTALLMENTS PAID IN 2013:	
	\$89,952.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19429	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19429	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19429	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,426 vehicles covered during 7/1/2012 to 12/31/2012	\$713.00
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2013 to 6/30/2013	\$21.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19445** NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$222,835.06
4/15/2013	\$222,835.06
5/15/2013	\$222,835.06
6/15/2013	\$222,835.06
7/15/2013	\$222,835.06
8/15/2013	\$222,835.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,337,010.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,742 vehicles covered during 7/1/2012 to 12/31/2012	\$2,371.00
Auto Theft Authority Assessment for 2,538 vehicles covered during 1/1/2013 to 6/30/2013	\$1,269.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19453** TRANSATLANTIC REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19453	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19488** AMERISURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,627.51
4/15/2013	\$10,627.51
5/15/2013	\$10,627.51
6/15/2013	\$10,627.51
7/15/2013	\$10,627.51
8/15/2013	\$10,627.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$63,765.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19488	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19488	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,021 vehicles covered during 7/1/2012 to 12/31/2012	\$510.50
Auto Theft Authority Assessment for 814 vehicles covered during 1/1/2013 to 6/30/2013	\$407.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19496** UNITED FIRE & INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19496	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19518** CATLIN INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,380.14
4/15/2013	\$14,380.14
5/15/2013	\$14,380.14
6/15/2013	\$14,380.14
7/15/2013	\$14,380.14
8/15/2013	\$14,380.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$86,280.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19526** TEXAS GENERAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19526	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19526	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **19530** HALLMARK NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$470.85
4/15/2013	\$470.85
5/15/2013	\$470.85
6/15/2013	\$470.85
7/15/2013	\$470.85
8/15/2013	\$470.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,825.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 202 vehicles covered during 7/1/2012 to 12/31/2012	\$101.00
Auto Theft Authority Assessment for 116 vehicles covered during 1/1/2013 to 6/30/2013	\$58.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19615** AMERICAN RELIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$31,830.77
4/15/2013	\$31,830.77
5/15/2013	\$31,830.77
6/15/2013	\$31,830.77
7/15/2013	\$31,830.77
8/15/2013	\$31,830.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$190,984.62

Auto Theft Authority Assessment for 933 vehicles covered during 7/1/2012 to 12/31/2012	\$466.50
Auto Theft Authority Assessment for 950 vehicles covered during 1/1/2013 to 6/30/2013	\$475.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19623** AMERICAN SUMMIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$44,500.00
4/15/2013	\$44,500.00
5/15/2013	\$44,500.00
6/15/2013	\$44,500.00
7/15/2013	\$44,500.00
8/15/2013	\$44,500.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$267,000.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19623	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19623	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19631** AMERICAN ROAD INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,299.14
4/15/2013	\$2,299.14
5/15/2013	\$2,299.14
6/15/2013	\$2,299.14
7/15/2013	\$2,299.14
8/15/2013	\$2,299.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,794.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19631	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19631	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$79.00
Auto Theft Authority Assessment for 155 vehicles covered during 1/1/2013 to 6/30/2013	\$77.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19658** BRISTOL WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19658	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19682** HARTFORD FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$45,488.76
4/15/2013	\$45,488.76
5/15/2013	\$45,488.76
6/15/2013	\$45,488.76
7/15/2013	\$45,488.76
8/15/2013	\$45,488.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$272,932.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19682	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,274 vehicles covered during 7/1/2012 to 12/31/2012	\$1,637.00
Auto Theft Authority Assessment for 2,823 vehicles covered during 1/1/2013 to 6/30/2013	\$1,411.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19690** AMERICAN ECONOMY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,203.30
4/15/2013	\$4,203.30
5/15/2013	\$4,203.30
6/15/2013	\$4,203.30
7/15/2013	\$4,203.30
8/15/2013	\$4,203.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$25,219.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 301 vehicles covered during 7/1/2012 to 12/31/2012	\$150.50
Auto Theft Authority Assessment for 267 vehicles covered during 1/1/2013 to 6/30/2013	\$133.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19704** AMERICAN STATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,257.66
4/15/2013	\$6,257.66
5/15/2013	\$6,257.66
6/15/2013	\$6,257.66
7/15/2013	\$6,257.66
8/15/2013	\$6,257.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$37,545.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19704	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19704	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19704	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,017 vehicles covered during 7/1/2012 to 12/31/2012	\$508.50
Auto Theft Authority Assessment for 824 vehicles covered during 1/1/2013 to 6/30/2013	\$412.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19712** AMERICAN STATES INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19712	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19712	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **19720** AMERICAN ALTERNATIVE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,961.30
4/15/2013	\$32,961.30
5/15/2013	\$32,961.30
6/15/2013	\$32,961.30
7/15/2013	\$32,961.30
8/15/2013	\$32,961.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$197,767.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19720	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19720	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19720	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$893.00
Auto Theft Authority Assessment for 1,109 vehicles covered during 1/1/2013 to 6/30/2013	\$554.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19801** ARGONAUT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,678.81
4/15/2013	\$4,678.81
5/15/2013	\$4,678.81
6/15/2013	\$4,678.81
7/15/2013	\$4,678.81
8/15/2013	\$4,678.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,072.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$27.00
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2013 to 6/30/2013	\$27.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19828** ARGONAUT-MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$791.64
4/15/2013	\$791.64
5/15/2013	\$791.64
6/15/2013	\$791.64
7/15/2013	\$791.64
8/15/2013	\$791.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,749.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19828	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19828	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19836** SELECT MARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19844** ARGONAUT-SOUTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19844	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19852** FINANCIAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,477.94
4/15/2013	\$1,477.94
5/15/2013	\$1,477.94
6/15/2013	\$1,477.94
7/15/2013	\$1,477.94
8/15/2013	\$1,477.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,867.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-19852	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19852	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19852	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 604 vehicles covered during 7/1/2012 to 12/31/2012	\$302.00
Auto Theft Authority Assessment for 453 vehicles covered during 1/1/2013 to 6/30/2013	\$226.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19860** ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,042.69
4/15/2013	\$3,042.69
5/15/2013	\$3,042.69
6/15/2013	\$3,042.69
7/15/2013	\$3,042.69
8/15/2013	\$3,042.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,256.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 41 vehicles covered during 7/1/2012 to 12/31/2012	\$20.50
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2013 to 6/30/2013	\$21.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19879** SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$951.01
4/15/2013	\$951.01
5/15/2013	\$951.01
6/15/2013	\$951.01
7/15/2013	\$951.01
8/15/2013	\$951.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,706.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19887** TRINITY UNIVERSAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19917** LIBERTY INSURANCE UNDERWRITERS INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,932.51
4/15/2013	\$22,932.51
5/15/2013	\$22,932.51
6/15/2013	\$22,932.51
7/15/2013	\$22,932.51
8/15/2013	\$22,932.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$137,595.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19917	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-19917	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-19917	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$42.00
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2013 to 6/30/2013	\$5.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19941** AMERICAN COMMERCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,723.24
4/15/2013	\$25,723.24
5/15/2013	\$25,723.24
6/15/2013	\$25,723.24
7/15/2013	\$25,723.24
8/15/2013	\$25,723.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$154,339.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19941	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19941	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-19941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,370 vehicles covered during 7/1/2012 to 12/31/2012	\$2,685.00
Auto Theft Authority Assessment for 4,890 vehicles covered during 1/1/2013 to 6/30/2013	\$2,445.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **19976** AMICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$67,441.58
4/15/2013	\$67,441.58
5/15/2013	\$67,441.58
6/15/2013	\$67,441.58
7/15/2013	\$67,441.58
8/15/2013	\$67,441.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$404,649.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-19976	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-19976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,126 vehicles covered during 7/1/2012 to 12/31/2012	\$3,563.00
Auto Theft Authority Assessment for 6,444 vehicles covered during 1/1/2013 to 6/30/2013	\$3,222.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19984** ACIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19984	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19984	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **19992** AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-19992	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-19992	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-19992	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20044** BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20052** NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,370.23
4/15/2013	\$4,370.23
5/15/2013	\$4,370.23
6/15/2013	\$4,370.23
7/15/2013	\$4,370.23
8/15/2013	\$4,370.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,221.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 561 vehicles covered during 7/1/2012 to 12/31/2012	\$280.50
Auto Theft Authority Assessment for 612 vehicles covered during 1/1/2013 to 6/30/2013	\$306.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20087** NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,361.75
4/15/2013	\$9,361.75
5/15/2013	\$9,361.75
6/15/2013	\$9,361.75
7/15/2013	\$9,361.75
8/15/2013	\$9,361.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$56,170.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20087	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 326 vehicles covered during 7/1/2012 to 12/31/2012	\$163.00
Auto Theft Authority Assessment for 356 vehicles covered during 1/1/2013 to 6/30/2013	\$178.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20095** BITUMINOUS CASUALTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,208.40
4/15/2013	\$2,208.40
5/15/2013	\$2,208.40
6/15/2013	\$2,208.40
7/15/2013	\$2,208.40
8/15/2013	\$2,208.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,250.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20095	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20095	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 108 vehicles covered during 7/1/2012 to 12/31/2012	\$54.00
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2013 to 6/30/2013	\$30.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20109** BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$770.96
4/15/2013	\$770.96
5/15/2013	\$770.96
6/15/2013	\$770.96
7/15/2013	\$770.96
8/15/2013	\$770.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,625.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 25 vehicles covered during 7/1/2012 to 12/31/2012	\$12.50
Auto Theft Authority Assessment for 34 vehicles covered during 1/1/2013 to 6/30/2013	\$17.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20117** CALIFORNIA CASUALTY INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,095.02
4/15/2013	\$9,095.02
5/15/2013	\$9,095.02
6/15/2013	\$9,095.02
7/15/2013	\$9,095.02
8/15/2013	\$9,095.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,570.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20117	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20117	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20125** CALIFORNIA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20125	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20125	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20141** NATIONAL TRUST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20141	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20141	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20222** ALL AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,275.03
4/15/2013	\$3,275.03
5/15/2013	\$3,275.03
6/15/2013	\$3,275.03
7/15/2013	\$3,275.03
8/15/2013	\$3,275.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,650.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$29.00
Auto Theft Authority Assessment for 72 vehicles covered during 1/1/2013 to 6/30/2013	\$36.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20230** CENTRAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$56,879.14
4/15/2013	\$56,879.14
5/15/2013	\$56,879.14
6/15/2013	\$56,879.14
7/15/2013	\$56,879.14
8/15/2013	\$56,879.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$341,274.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20230	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,348 vehicles covered during 7/1/2012 to 12/31/2012	\$4,674.00
Auto Theft Authority Assessment for 9,392 vehicles covered during 1/1/2013 to 6/30/2013	\$4,696.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20260** INFINITY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$33,484.10
4/15/2013	\$33,484.10
5/15/2013	\$33,484.10
6/15/2013	\$33,484.10
7/15/2013	\$33,484.10
8/15/2013	\$33,484.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$200,904.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 17,462 vehicles covered during 7/1/2012 to 12/31/2012	\$8,731.00
Auto Theft Authority Assessment for 10,938 vehicles covered during 1/1/2013 to 6/30/2013	\$5,469.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20273** WRM AMERICA INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20273	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20273	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$3.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20281** FEDERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$173,679.77
4/15/2013	\$173,679.77
5/15/2013	\$173,679.77
6/15/2013	\$173,679.77
7/15/2013	\$173,679.77
8/15/2013	\$173,679.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,042,078.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20281	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20281	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20281	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 792 vehicles covered during 7/1/2012 to 12/31/2012	\$396.00
Auto Theft Authority Assessment for 808 vehicles covered during 1/1/2013 to 6/30/2013	\$404.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20303** GREAT NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,795.69
4/15/2013	\$22,795.69
5/15/2013	\$22,795.69
6/15/2013	\$22,795.69
7/15/2013	\$22,795.69
8/15/2013	\$22,795.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$136,774.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20303	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20303	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20303	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 391 vehicles covered during 7/1/2012 to 12/31/2012	\$195.50
Auto Theft Authority Assessment for 424 vehicles covered during 1/1/2013 to 6/30/2013	\$212.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20311** SYNCORA GUARANTEE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20311	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20346** PACIFIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$85,102.25
4/15/2013	\$85,102.25
5/15/2013	\$85,102.25
6/15/2013	\$85,102.25
7/15/2013	\$85,102.25
8/15/2013	\$85,102.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$510,613.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20346	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,060 vehicles covered during 7/1/2012 to 12/31/2012	\$1,030.00
Auto Theft Authority Assessment for 2,241 vehicles covered during 1/1/2013 to 6/30/2013	\$1,120.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20362** MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,929.03
4/15/2013	\$3,929.03
5/15/2013	\$3,929.03
6/15/2013	\$3,929.03
7/15/2013	\$3,929.03
8/15/2013	\$3,929.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,574.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20362	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20362	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20362	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,722 vehicles covered during 7/1/2012 to 12/31/2012	\$1,861.00
Auto Theft Authority Assessment for 465 vehicles covered during 1/1/2013 to 6/30/2013	\$232.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20370** AXIS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,006.37
4/15/2013	\$1,006.37
5/15/2013	\$1,006.37
6/15/2013	\$1,006.37
7/15/2013	\$1,006.37
8/15/2013	\$1,006.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,038.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20370	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20370	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20370	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20397** VIGILANT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,385.58
4/15/2013	\$8,385.58
5/15/2013	\$8,385.58
6/15/2013	\$8,385.58
7/15/2013	\$8,385.58
8/15/2013	\$8,385.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$50,313.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20397	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20397	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20397	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$124.50
Auto Theft Authority Assessment for 224 vehicles covered during 1/1/2013 to 6/30/2013	\$112.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20400** PROSELECT NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20419** HOMESITE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$41,130.50
4/15/2013	\$41,130.50
5/15/2013	\$41,130.50
6/15/2013	\$41,130.50
7/15/2013	\$41,130.50
8/15/2013	\$41,130.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$246,783.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20419	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20419	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20427** AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,892.88
4/15/2013	\$23,892.88
5/15/2013	\$23,892.88
6/15/2013	\$23,892.88
7/15/2013	\$23,892.88
8/15/2013	\$23,892.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$143,357.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20427	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20427	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20427	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 348 vehicles covered during 7/1/2012 to 12/31/2012	\$174.00
Auto Theft Authority Assessment for 472 vehicles covered during 1/1/2013 to 6/30/2013	\$236.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20443** CONTINENTAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$198,141.71
4/15/2013	\$198,141.71
5/15/2013	\$198,141.71
6/15/2013	\$198,141.71
7/15/2013	\$198,141.71
8/15/2013	\$198,141.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,188,850.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20443	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20443	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20443	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,449 vehicles covered during 7/1/2012 to 12/31/2012	\$1,224.50
Auto Theft Authority Assessment for 1,597 vehicles covered during 1/1/2013 to 6/30/2013	\$798.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20451** MIDSTATES REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20451	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20451	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20451	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20478** NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,659.38
4/15/2013	\$25,659.38
5/15/2013	\$25,659.38
6/15/2013	\$25,659.38
7/15/2013	\$25,659.38
8/15/2013	\$25,659.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$153,956.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20478	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20478	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 616 vehicles covered during 7/1/2012 to 12/31/2012	\$308.00
Auto Theft Authority Assessment for 317 vehicles covered during 1/1/2013 to 6/30/2013	\$158.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20494** TRANSPORTATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,704.36
4/15/2013	\$13,704.36
5/15/2013	\$13,704.36
6/15/2013	\$13,704.36
7/15/2013	\$13,704.36
8/15/2013	\$13,704.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$82,226.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20494	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 630 vehicles covered during 7/1/2012 to 12/31/2012	\$315.00
Auto Theft Authority Assessment for 607 vehicles covered during 1/1/2013 to 6/30/2013	\$303.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20508** VALLEY FORGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,374.00
4/15/2013	\$30,374.00
5/15/2013	\$30,374.00
6/15/2013	\$30,374.00
7/15/2013	\$30,374.00
8/15/2013	\$30,374.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$182,244.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20508	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,476 vehicles covered during 7/1/2012 to 12/31/2012	\$738.00
Auto Theft Authority Assessment for 1,121 vehicles covered during 1/1/2013 to 6/30/2013	\$560.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20516** EULER HERMES NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,148.48
4/15/2013	\$2,148.48
5/15/2013	\$2,148.48
6/15/2013	\$2,148.48
7/15/2013	\$2,148.48
8/15/2013	\$2,148.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,890.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20516	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20532** CLARENDON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20532	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20532	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20532	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$14.00
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2013 to 6/30/2013	\$13.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20559** GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,543.77
4/15/2013	\$4,543.70
5/15/2013	\$4,543.70
6/15/2013	\$4,543.70
7/15/2013	\$4,543.70
8/15/2013	\$4,543.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,262.27

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20583** XL REINSURANCE AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20583	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20583	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20583	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20613** SPARTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,659.38
4/15/2013	\$10,659.38
5/15/2013	\$10,659.38
6/15/2013	\$10,659.38
7/15/2013	\$10,659.38
8/15/2013	\$10,659.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$63,956.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20613	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20613	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20613	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,255 vehicles covered during 7/1/2012 to 12/31/2012	\$627.50
Auto Theft Authority Assessment for 1,356 vehicles covered during 1/1/2013 to 6/30/2013	\$678.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20621** ONEBEACON AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,035.41
4/15/2013	\$9,035.41
5/15/2013	\$9,035.41
6/15/2013	\$9,035.41
7/15/2013	\$9,035.41
8/15/2013	\$9,035.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,212.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20621	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20621	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$25.50
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2013 to 6/30/2013	\$1.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20648** EMPLOYERS' FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$441.55
4/15/2013	\$441.55
5/15/2013	\$441.55
6/15/2013	\$441.55
7/15/2013	\$447.70
8/15/2013	\$501.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,715.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20648	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$2.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20699** ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,224.46
4/15/2013	\$17,224.46
5/15/2013	\$17,224.46
6/15/2013	\$17,224.46
7/15/2013	\$17,224.46
8/15/2013	\$17,224.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$103,346.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-20699	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20699	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1.00
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2013 to 6/30/2013	\$23.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20702** ACE FIRE UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$423.55
4/15/2013	\$423.55
5/15/2013	\$423.55
6/15/2013	\$423.55
7/15/2013	\$423.55
8/15/2013	\$423.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,541.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20702	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20710** CENTURY INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20710	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-20710	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20796** 21ST CENTURY PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$590.65
4/15/2013	\$590.65
5/15/2013	\$590.65
6/15/2013	\$590.65
7/15/2013	\$590.65
8/15/2013	\$590.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,543.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20796	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-20796	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20796	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 184 vehicles covered during 7/1/2012 to 12/31/2012	\$92.00
Auto Theft Authority Assessment for 174 vehicles covered during 1/1/2013 to 6/30/2013	\$87.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **20931** ATLANTA INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-20931	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-20931	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20982** COUNTRY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,044.01
4/15/2013	\$1,044.01
5/15/2013	\$1,044.01
6/15/2013	\$1,044.01
7/15/2013	\$1,044.01
8/15/2013	\$1,044.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,264.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-20982	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-20982	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 193 vehicles covered during 7/1/2012 to 12/31/2012	\$96.50
Auto Theft Authority Assessment for 143 vehicles covered during 1/1/2013 to 6/30/2013	\$71.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **20990** COUNTRY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$80,560.86
4/15/2013	\$80,560.86
5/15/2013	\$80,560.86
6/15/2013	\$80,560.86
7/15/2013	\$80,560.86
8/15/2013	\$80,560.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$483,365.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-20990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-20990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,757 vehicles covered during 7/1/2012 to 12/31/2012	\$2,878.50
Auto Theft Authority Assessment for 5,358 vehicles covered during 1/1/2013 to 6/30/2013	\$2,679.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21008** COUNTRY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$82,831.38
4/15/2013	\$82,831.38
5/15/2013	\$82,831.38
6/15/2013	\$82,831.38
7/15/2013	\$82,831.38
8/15/2013	\$82,831.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$496,988.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21008	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21008	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 27,702 vehicles covered during 7/1/2012 to 12/31/2012	\$13,851.00
Auto Theft Authority Assessment for 27,643 vehicles covered during 1/1/2013 to 6/30/2013	\$13,821.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21032** GLOBAL REINSURANCE CORPORATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21075** FINANCIAL AMERICAN PROPERTY AND CASUALTY IC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21075	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21075	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-21075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21105** NORTH RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,335.29
4/15/2013	\$2,335.29
5/15/2013	\$2,335.29
6/15/2013	\$2,335.29
7/15/2013	\$2,335.29
8/15/2013	\$2,335.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,011.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21105	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-21105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2012 to 12/31/2012	\$12.00
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2013 to 6/30/2013	\$47.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21113** UNITED STATES FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,036.53
4/15/2013	\$16,036.53
5/15/2013	\$16,036.53
6/15/2013	\$16,036.53
7/15/2013	\$16,036.53
8/15/2013	\$16,036.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$96,219.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21113	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21113	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21113	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 61 vehicles covered during 7/1/2012 to 12/31/2012	\$30.50
Auto Theft Authority Assessment for 117 vehicles covered during 1/1/2013 to 6/30/2013	\$58.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21164** DAIRYLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,855.45
4/15/2013	\$12,855.45
5/15/2013	\$12,855.45
6/15/2013	\$12,855.45
7/15/2013	\$12,855.45
8/15/2013	\$12,855.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$77,132.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21164	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21164	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,344 vehicles covered during 7/1/2012 to 12/31/2012	\$3,672.00
Auto Theft Authority Assessment for 6,895 vehicles covered during 1/1/2013 to 6/30/2013	\$3,447.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21172** VANLINER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,025.20
4/15/2013	\$2,025.20
5/15/2013	\$2,025.20
6/15/2013	\$2,025.20
7/15/2013	\$2,025.20
8/15/2013	\$2,025.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,151.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21172	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21172	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 265 vehicles covered during 7/1/2012 to 12/31/2012	\$132.50
Auto Theft Authority Assessment for 339 vehicles covered during 1/1/2013 to 6/30/2013	\$169.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21180** SENTRY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,593.65
4/15/2013	\$8,593.65
5/15/2013	\$8,593.65
6/15/2013	\$8,593.65
7/15/2013	\$8,593.65
8/15/2013	\$8,593.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$51,561.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21180	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$16.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21253** GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$108,950.73
4/15/2013	\$108,950.73
5/15/2013	\$108,950.73
6/15/2013	\$108,950.73
7/15/2013	\$108,950.73
8/15/2013	\$108,950.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$653,704.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21253	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21253	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 28,053 vehicles covered during 7/1/2012 to 12/31/2012	\$14,026.50
Auto Theft Authority Assessment for 29,171 vehicles covered during 1/1/2013 to 6/30/2013	\$14,585.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21261** ELECTRIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,681.61
4/15/2013	\$24,681.61
5/15/2013	\$24,681.61
6/15/2013	\$24,681.61
7/15/2013	\$24,681.61
8/15/2013	\$24,681.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$148,089.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21261	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21261	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21261	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 6,752 vehicles covered during 7/1/2012 to 12/31/2012	\$3,376.00
Auto Theft Authority Assessment for 5,938 vehicles covered during 1/1/2013 to 6/30/2013	\$2,969.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21296** ALTERRA AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,480.20
4/15/2013	\$3,480.20
5/15/2013	\$3,480.20
6/15/2013	\$3,480.20
7/15/2013	\$3,480.20
8/15/2013	\$3,480.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,881.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21296	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-21296	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21296	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21326** EMPIRE FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$47,823.36
4/15/2013	\$47,823.36
5/15/2013	\$47,823.36
6/15/2013	\$47,823.36
7/15/2013	\$47,823.36
8/15/2013	\$47,823.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$286,940.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21326	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21326	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21326	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,795 vehicles covered during 7/1/2012 to 12/31/2012	\$1,897.50
Auto Theft Authority Assessment for 705 vehicles covered during 1/1/2013 to 6/30/2013	\$352.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21407** EMCASCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,410.97
4/15/2013	\$12,410.97
5/15/2013	\$12,410.97
6/15/2013	\$12,410.97
7/15/2013	\$12,410.97
8/15/2013	\$12,410.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,465.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21407	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21407	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,005 vehicles covered during 7/1/2012 to 12/31/2012	\$1,002.50
Auto Theft Authority Assessment for 2,179 vehicles covered during 1/1/2013 to 6/30/2013	\$1,089.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21415** EMPLOYERS MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$60,643.86
4/15/2013	\$60,643.86
5/15/2013	\$60,643.86
6/15/2013	\$60,643.86
7/15/2013	\$60,643.86
8/15/2013	\$60,643.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$363,863.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21415	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21415	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,623 vehicles covered during 7/1/2012 to 12/31/2012	\$2,311.50
Auto Theft Authority Assessment for 4,462 vehicles covered during 1/1/2013 to 6/30/2013	\$2,231.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21423** UNION INSURANCE COMPANY OF PROVIDENCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,872.34
4/15/2013	\$8,872.34
5/15/2013	\$8,872.34
6/15/2013	\$8,872.34
7/15/2013	\$8,872.34
8/15/2013	\$8,872.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$53,234.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21423	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21423	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,057 vehicles covered during 7/1/2012 to 12/31/2012	\$1,528.50
Auto Theft Authority Assessment for 3,337 vehicles covered during 1/1/2013 to 6/30/2013	\$1,668.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21458** EMPLOYERS INSURANCE COMPANY OF WAUSAU

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,629.29
4/15/2013	\$4,629.29
5/15/2013	\$4,629.29
6/15/2013	\$4,629.29
7/15/2013	\$4,629.29
8/15/2013	\$4,629.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,775.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21458	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21458	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-21458	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 236 vehicles covered during 7/1/2012 to 12/31/2012	\$118.00
Auto Theft Authority Assessment for 216 vehicles covered during 1/1/2013 to 6/30/2013	\$108.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21482** FACTORY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$73,354.87
4/15/2013	\$73,354.87
5/15/2013	\$73,354.87
6/15/2013	\$73,354.87
7/15/2013	\$73,354.87
8/15/2013	\$73,354.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$440,129.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21482	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21482	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21598** FARMERS INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,446,898.71
4/15/2013	\$1,446,898.71
5/15/2013	\$1,446,898.71
6/15/2013	\$1,446,898.71
7/15/2013	\$1,446,898.71
8/15/2013	\$1,446,898.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,681,392.26

Auto Theft Authority Assessment for 431,847 vehicles covered during 7/1/2012 to 12/31/2012	\$215,923.50
Auto Theft Authority Assessment for 395,600 vehicles covered during 1/1/2013 to 6/30/2013	\$197,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21652** FARMERS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$292,795.60
4/15/2013	\$292,795.60
5/15/2013	\$292,795.60
6/15/2013	\$292,795.60
7/15/2013	\$292,795.60
8/15/2013	\$292,795.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,756,773.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-21652	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,411 vehicles covered during 7/1/2012 to 12/31/2012	\$1,205.50
Auto Theft Authority Assessment for 1,084 vehicles covered during 1/1/2013 to 6/30/2013	\$542.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21660** FIRE INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21687** MID-CENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$77,597.94
4/15/2013	\$77,597.94
5/15/2013	\$77,597.94
6/15/2013	\$77,597.94
7/15/2013	\$77,597.94
8/15/2013	\$77,597.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$465,587.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21687	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21687	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21687	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,394 vehicles covered during 7/1/2012 to 12/31/2012	\$3,697.00
Auto Theft Authority Assessment for 4,814 vehicles covered during 1/1/2013 to 6/30/2013	\$2,407.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21709** TRUCK INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$61,625.09
4/15/2013	\$61,625.09
5/15/2013	\$61,625.09
6/15/2013	\$61,625.09
7/15/2013	\$61,625.09
8/15/2013	\$61,625.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$369,750.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21709	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21709	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21709	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,885 vehicles covered during 7/1/2012 to 12/31/2012	\$2,442.50
Auto Theft Authority Assessment for 2,427 vehicles covered during 1/1/2013 to 6/30/2013	\$1,213.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21741** ESURANCE INSURANCE COMPANY OF NEW JERSEY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21741	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21741	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21784** FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,551.08
4/15/2013	\$3,551.08
5/15/2013	\$3,551.08
6/15/2013	\$3,551.08
7/15/2013	\$3,551.08
8/15/2013	\$3,551.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,306.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-21784	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$451.00
Auto Theft Authority Assessment for 770 vehicles covered during 1/1/2013 to 6/30/2013	\$385.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21792** INFINITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21792	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21792	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21830** NEW ENGLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21830	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21849** AMERICAN AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,535.14
4/15/2013	\$23,535.14
5/15/2013	\$23,535.14
6/15/2013	\$23,535.14
7/15/2013	\$23,535.14
8/15/2013	\$23,535.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$141,210.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21849	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21849	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21849	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 253 vehicles covered during 7/1/2012 to 12/31/2012	\$126.50
Auto Theft Authority Assessment for 210 vehicles covered during 1/1/2013 to 6/30/2013	\$105.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21857** AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$33,179.67
4/15/2013	\$33,179.67
5/15/2013	\$33,179.67
6/15/2013	\$33,179.67
7/15/2013	\$33,179.67
8/15/2013	\$33,179.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$199,078.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21857	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21857	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 652 vehicles covered during 7/1/2012 to 12/31/2012	\$326.00
Auto Theft Authority Assessment for 290 vehicles covered during 1/1/2013 to 6/30/2013	\$145.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21865** ASSOCIATED INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,619.26
4/15/2013	\$1,619.26
5/15/2013	\$1,619.26
6/15/2013	\$1,619.26
7/15/2013	\$1,619.26
8/15/2013	\$1,619.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,715.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-21865	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$14.00
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2013 to 6/30/2013	\$8.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21873** FIREMAN'S FUND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,393.97
4/15/2013	\$24,393.97
5/15/2013	\$24,393.97
6/15/2013	\$24,393.97
7/15/2013	\$24,393.97
8/15/2013	\$24,393.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$146,363.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-21873	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,237 vehicles covered during 7/1/2012 to 12/31/2012	\$1,618.50
Auto Theft Authority Assessment for 3,554 vehicles covered during 1/1/2013 to 6/30/2013	\$1,777.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21881** NATIONAL SURETY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,071.05
4/15/2013	\$12,071.05
5/15/2013	\$12,071.05
6/15/2013	\$12,071.05
7/15/2013	\$12,071.05
8/15/2013	\$12,071.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$72,426.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21881	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-21881	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21881	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 713 vehicles covered during 7/1/2012 to 12/31/2012	\$356.50
Auto Theft Authority Assessment for 780 vehicles covered during 1/1/2013 to 6/30/2013	\$390.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **21903** PROCENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$502.00
4/15/2013	\$502.00
5/15/2013	\$502.00
6/15/2013	\$502.00
7/15/2013	\$502.00
8/15/2013	\$502.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,012.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-21903	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21903	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21911** SAN FRANCISCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-21911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21962** PENNSYLVANIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21962	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21970** ONEBEACON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$456.21
4/15/2013	\$456.21
5/15/2013	\$456.21
6/15/2013	\$456.21
7/15/2013	\$456.21
8/15/2013	\$456.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,737.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-21970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-21970	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **21989** COMPASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-21989	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-21989	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-21989	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22004** CIM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22004	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22004	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22012** MOTORS INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,372.40
4/15/2013	\$2,372.40
5/15/2013	\$2,372.40
6/15/2013	\$2,372.40
7/15/2013	\$2,372.40
8/15/2013	\$2,372.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,234.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22012	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22039** GENERAL REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,367.03
4/15/2013	\$1,367.03
5/15/2013	\$1,367.03
6/15/2013	\$1,367.03
7/15/2013	\$1,367.03
8/15/2013	\$1,367.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,202.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-22039	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22055** GEICO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$79,482.10
4/15/2013	\$79,482.10
5/15/2013	\$79,482.10
6/15/2013	\$79,482.10
7/15/2013	\$79,482.10
8/15/2013	\$79,482.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$476,892.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22055	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22055	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 103,103 vehicles covered during 7/1/2012 to 12/31/2012	\$51,551.50
Auto Theft Authority Assessment for 97,737 vehicles covered during 1/1/2013 to 6/30/2013	\$48,868.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22063** GOVERNMENT EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$193,539.47
4/15/2013	\$193,539.47
5/15/2013	\$193,539.47
6/15/2013	\$193,539.47
7/15/2013	\$193,539.47
8/15/2013	\$193,539.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,161,236.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22063	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22063	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 78,303 vehicles covered during 7/1/2012 to 12/31/2012	\$39,151.50
Auto Theft Authority Assessment for 74,259 vehicles covered during 1/1/2013 to 6/30/2013	\$37,129.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22098** GRAIN DEALERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22098	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-22098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22098	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22136** GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,340.00
4/15/2013	\$11,338.80
5/15/2013	\$11,338.80
6/15/2013	\$11,338.80
7/15/2013	\$11,338.80
8/15/2013	\$11,338.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$68,034.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22136	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 106 vehicles covered during 7/1/2012 to 12/31/2012	\$53.00
Auto Theft Authority Assessment for 204 vehicles covered during 1/1/2013 to 6/30/2013	\$102.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22179** REPUBLIC INDEMNITY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22179	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22187** GREATER NEW YORK MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$742.85
4/15/2013	\$742.85
5/15/2013	\$742.85
6/15/2013	\$742.85
7/15/2013	\$742.85
8/15/2013	\$742.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,457.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22187	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22187	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22209** FREEDOM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$360.00
4/15/2013	\$360.00
5/15/2013	\$360.00
6/15/2013	\$360.00
7/15/2013	\$360.00
8/15/2013	\$360.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,160.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22209	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22209	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22225** 21ST CENTURY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,032.98
4/15/2013	\$3,032.98
5/15/2013	\$3,032.98
6/15/2013	\$3,032.98
7/15/2013	\$3,032.98
8/15/2013	\$3,032.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,197.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22225	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22225	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-22225	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,102 vehicles covered during 7/1/2012 to 12/31/2012	\$551.00
Auto Theft Authority Assessment for 951 vehicles covered during 1/1/2013 to 6/30/2013	\$475.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22233** SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22233	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22233	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22241** MEDMARC CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,253.67
4/15/2013	\$1,253.67
5/15/2013	\$1,253.67
6/15/2013	\$1,253.67
7/15/2013	\$1,253.67
8/15/2013	\$1,253.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,522.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22241	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22250** PATHFINDER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22268** INFINITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,012.32
4/15/2013	\$17,012.32
5/15/2013	\$17,012.32
6/15/2013	\$17,012.32
7/15/2013	\$17,012.32
8/15/2013	\$17,012.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$102,073.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22268	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22268	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 53,084 vehicles covered during 7/1/2012 to 12/31/2012	\$26,542.00
Auto Theft Authority Assessment for 42,910 vehicles covered during 1/1/2013 to 6/30/2013	\$21,455.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22276** STONEWALL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22276	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22276	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	22292	HANOVER INSURANCE COMPANY, THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,031.76
4/15/2013	\$22,031.76
5/15/2013	\$22,031.76
6/15/2013	\$22,031.76
7/15/2013	\$22,031.76
8/15/2013	\$22,031.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$132,190.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22292	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22292	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-22292	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 108 vehicles covered during 7/1/2012 to 12/31/2012	\$54.00
Auto Theft Authority Assessment for 214 vehicles covered during 1/1/2013 to 6/30/2013	\$107.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22306** MASSACHUSETTS BAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,138.25
4/15/2013	\$11,138.25
5/15/2013	\$11,138.25
6/15/2013	\$11,138.25
7/15/2013	\$11,138.25
8/15/2013	\$11,138.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$66,829.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22306	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$5.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22314** RSUI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,676.03
4/15/2013	\$13,676.00
5/15/2013	\$13,676.03
6/15/2013	\$13,676.03
7/15/2013	\$13,676.03
8/15/2013	\$13,676.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$82,056.15

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22314	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22314	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22322** GREENWICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,717.95
4/15/2013	\$22,717.95
5/15/2013	\$22,717.95
6/15/2013	\$22,717.95
7/15/2013	\$22,717.95
8/15/2013	\$22,717.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$136,307.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,491 vehicles covered during 7/1/2012 to 12/31/2012	\$1,745.50
Auto Theft Authority Assessment for 4,040 vehicles covered during 1/1/2013 to 6/30/2013	\$2,020.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22357** HARTFORD ACCIDENT AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,797.87
4/15/2013	\$5,797.87
5/15/2013	\$5,797.87
6/15/2013	\$5,797.87
7/15/2013	\$5,797.87
8/15/2013	\$5,797.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,787.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22357	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-22357	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22357	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$146.00
Auto Theft Authority Assessment for 248 vehicles covered during 1/1/2013 to 6/30/2013	\$124.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22454** MENDAKOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22454	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22454	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22489** HIGHLANDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22543** SECURA INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,772.00
4/15/2013	\$32,772.00
5/15/2013	\$32,772.15
6/15/2013	\$32,772.15
7/15/2013	\$32,772.15
8/15/2013	\$32,772.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$196,632.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22543	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22543	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,468 vehicles covered during 7/1/2012 to 12/31/2012	\$1,734.00
Auto Theft Authority Assessment for 3,898 vehicles covered during 1/1/2013 to 6/30/2013	\$1,949.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22551** MITSUI SUMITOMO INSURANCE USA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,963.29
4/15/2013	\$2,963.29
5/15/2013	\$2,963.29
6/15/2013	\$2,963.29
7/15/2013	\$2,963.29
8/15/2013	\$2,963.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,779.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 631 vehicles covered during 7/1/2012 to 12/31/2012	\$315.50
Auto Theft Authority Assessment for 284 vehicles covered during 1/1/2013 to 6/30/2013	\$142.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22578** HORACE MANN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,165.13
4/15/2013	\$5,165.13
5/15/2013	\$5,165.13
6/15/2013	\$5,165.13
7/15/2013	\$5,165.13
8/15/2013	\$5,165.13
TOTAL INSTALLMENTS PAID IN 2013:	
	\$30,990.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,264 vehicles covered during 7/1/2012 to 12/31/2012	\$632.00
Auto Theft Authority Assessment for 1,597 vehicles covered during 1/1/2013 to 6/30/2013	\$798.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22594** MGIC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22594	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22594	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22608** NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,708.76
4/15/2013	\$6,708.76
5/15/2013	\$6,708.76
6/15/2013	\$6,708.76
7/15/2013	\$6,708.76
8/15/2013	\$6,708.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$40,252.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22667** ACE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$185,212.78
4/15/2013	\$185,212.78
5/15/2013	\$185,212.78
6/15/2013	\$185,212.78
7/15/2013	\$185,212.78
8/15/2013	\$185,212.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,111,276.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22667	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-22667	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22667	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,096 vehicles covered during 7/1/2012 to 12/31/2012	\$4,548.00
Auto Theft Authority Assessment for 8,476 vehicles covered during 1/1/2013 to 6/30/2013	\$4,238.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22683** TEACHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,800.01
4/15/2013	\$6,800.01
5/15/2013	\$6,800.01
6/15/2013	\$6,800.01
7/15/2013	\$6,800.01
8/15/2013	\$6,800.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$40,800.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22683	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-22683	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22683	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 663 vehicles covered during 7/1/2012 to 12/31/2012	\$331.50
Auto Theft Authority Assessment for 605 vehicles covered during 1/1/2013 to 6/30/2013	\$302.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22705** R&Q REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22713** INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22713	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-22713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22730** ALLIED WORLD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-22730	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-22730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22748** PACIFIC EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22748	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-22748	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-22748	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22756** HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,196.58
4/15/2013	\$11,196.58
5/15/2013	\$11,196.58
6/15/2013	\$11,196.58
7/15/2013	\$11,196.58
8/15/2013	\$11,196.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$67,179.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22756	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22756	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,773 vehicles covered during 7/1/2012 to 12/31/2012	\$1,886.50
Auto Theft Authority Assessment for 3,649 vehicles covered during 1/1/2013 to 6/30/2013	\$1,824.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22772** INTEGON INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,939.96
4/15/2013	\$7,939.96
5/15/2013	\$7,939.96
6/15/2013	\$7,939.96
7/15/2013	\$7,939.96
8/15/2013	\$7,939.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$47,639.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22772	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,305 vehicles covered during 7/1/2012 to 12/31/2012	\$2,652.50
Auto Theft Authority Assessment for 7,085 vehicles covered during 1/1/2013 to 6/30/2013	\$3,542.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22810** CHICAGO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22837** AGCS MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,453.63
4/15/2013	\$12,453.63
5/15/2013	\$12,453.63
6/15/2013	\$12,453.63
7/15/2013	\$12,453.63
8/15/2013	\$12,453.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,721.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22837	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22837	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22896** ACA FINANCIAL GUARANTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22896	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22906** PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,646.84
4/15/2013	\$5,646.84
5/15/2013	\$5,646.84
6/15/2013	\$5,646.84
7/15/2013	\$5,646.84
8/15/2013	\$5,646.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,881.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-22906	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-22906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,774 vehicles covered during 7/1/2012 to 12/31/2012	\$1,387.00
Auto Theft Authority Assessment for 9,208 vehicles covered during 1/1/2013 to 6/30/2013	\$4,604.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22926** ECONOMY FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22926	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22926	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **22950** ACSTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22950	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **22985** SEQUOIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,139.51
4/15/2013	\$4,139.51
5/15/2013	\$4,139.51
6/15/2013	\$4,139.51
7/15/2013	\$4,139.51
8/15/2013	\$4,139.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,837.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-22985	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-22985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2012 to 12/31/2012	\$15.00
Auto Theft Authority Assessment for 27 vehicles covered during 1/1/2013 to 6/30/2013	\$13.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **23035** LIBERTY MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$240,243.98
4/15/2013	\$240,243.98
5/15/2013	\$240,243.98
6/15/2013	\$240,243.98
7/15/2013	\$240,243.98
8/15/2013	\$240,243.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,441,463.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-23035	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-23035	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23035	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 53,355 vehicles covered during 7/1/2012 to 12/31/2012	\$26,677.50
Auto Theft Authority Assessment for 46,495 vehicles covered during 1/1/2013 to 6/30/2013	\$23,247.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23043** LIBERTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$237,001.39
4/15/2013	\$237,001.39
5/15/2013	\$237,001.39
6/15/2013	\$237,001.39
7/15/2013	\$237,001.39
8/15/2013	\$237,001.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,422,008.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23043	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23043	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-23043	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 85 vehicles covered during 7/1/2012 to 12/31/2012	\$42.50
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2013 to 6/30/2013	\$30.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23051** NEW MEXICO FOUNDATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23051	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23108** LUMBERMEN'S UNDERWRITING ALLIANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$625.09
4/15/2013	\$625.09
5/15/2013	\$625.09
6/15/2013	\$625.09
7/15/2013	\$625.09
8/15/2013	\$625.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,750.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23108	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23132** R.V.I. AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23132	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-23132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23248** OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,852.21
4/15/2013	\$14,852.21
5/15/2013	\$14,852.21
6/15/2013	\$14,852.21
7/15/2013	\$14,852.21
8/15/2013	\$14,852.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$89,113.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23248	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-23248	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$37.00
Auto Theft Authority Assessment for 132 vehicles covered during 1/1/2013 to 6/30/2013	\$66.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23264** INLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23264	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23280** CINCINNATI INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,618.68
4/15/2013	\$12,618.68
5/15/2013	\$12,618.68
6/15/2013	\$12,618.68
7/15/2013	\$12,618.68
8/15/2013	\$12,618.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$75,712.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23280	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23353** MERIDIAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23353	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23353	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23396** AMERISURE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,809.52
4/15/2013	\$2,809.52
5/15/2013	\$2,809.52
6/15/2013	\$2,809.52
7/15/2013	\$2,809.52
8/15/2013	\$2,809.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,857.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23396	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$20.00
Auto Theft Authority Assessment for 282 vehicles covered during 1/1/2013 to 6/30/2013	\$141.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23418** MID-CONTINENT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$499.76
4/15/2013	\$499.76
5/15/2013	\$499.76
6/15/2013	\$499.76
7/15/2013	\$499.76
8/15/2013	\$499.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,998.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23418	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23418	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$5.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23434** MIDDLESEX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-23434	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-23434	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23434	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$5.50
Auto Theft Authority Assessment for 64 vehicles covered during 1/1/2013 to 6/30/2013	\$32.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23442** PATRIOT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23442	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23442	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23450** AMERICAN FAMILY HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,503.36
4/15/2013	\$9,503.36
5/15/2013	\$9,503.36
6/15/2013	\$9,503.36
7/15/2013	\$9,503.36
8/15/2013	\$9,503.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$57,020.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23450	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1.00
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2013 to 6/30/2013	\$11.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23469** AMERICAN MODERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,494.63
4/15/2013	\$23,494.63
5/15/2013	\$23,494.63
6/15/2013	\$23,494.63
7/15/2013	\$23,494.63
8/15/2013	\$23,494.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$140,967.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23469	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-23469	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-23469	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,652 vehicles covered during 7/1/2012 to 12/31/2012	\$2,826.00
Auto Theft Authority Assessment for 6,016 vehicles covered during 1/1/2013 to 6/30/2013	\$3,008.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23540** MONTEREY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,842.99
4/15/2013	\$16,842.99
5/15/2013	\$16,842.99
6/15/2013	\$16,842.99
7/15/2013	\$16,842.99
8/15/2013	\$16,842.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$101,057.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,689 vehicles covered during 7/1/2012 to 12/31/2012	\$1,344.50
Auto Theft Authority Assessment for 2,615 vehicles covered during 1/1/2013 to 6/30/2013	\$1,307.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23574** MIDWEST FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23574	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23574	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **23582** HARLEYSVILLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$388.29
4/15/2013	\$388.29
5/15/2013	\$388.29
6/15/2013	\$388.29
7/15/2013	\$388.29
8/15/2013	\$388.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,329.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23582	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23582	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23612** MIDWEST EMPLOYERS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,327.77
4/15/2013	\$3,327.77
5/15/2013	\$3,327.77
6/15/2013	\$3,327.77
7/15/2013	\$3,327.77
8/15/2013	\$3,327.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,966.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-23612	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-23612	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23612	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23655** MODERN SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23655	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23655	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23663** NATIONAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23663	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23663	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1.00
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23671** NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23671	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23680** ODYSSEY REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23680	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23680	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-23680	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23728** NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,953.05
4/15/2013	\$4,953.05
5/15/2013	\$4,953.05
6/15/2013	\$4,953.05
7/15/2013	\$4,953.05
8/15/2013	\$4,953.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,718.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23728	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23728	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,195 vehicles covered during 7/1/2012 to 12/31/2012	\$1,097.50
Auto Theft Authority Assessment for 2,062 vehicles covered during 1/1/2013 to 6/30/2013	\$1,031.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23736** DIRECT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23736	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23736	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23752** QUANTA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23752	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23752	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23779** NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,850.93
4/15/2013	\$6,850.93
5/15/2013	\$6,850.93
6/15/2013	\$6,850.93
7/15/2013	\$6,850.93
8/15/2013	\$6,850.93
TOTAL INSTALLMENTS PAID IN 2013:	
	\$41,105.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23779	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-23779	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-23779	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23787** NATIONWIDE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$45,903.11
4/15/2013	\$45,903.11
5/15/2013	\$45,903.11
6/15/2013	\$45,903.11
7/15/2013	\$45,903.11
8/15/2013	\$45,903.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$275,418.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23787	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23787	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-23787	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 6,772 vehicles covered during 7/1/2012 to 12/31/2012	\$3,386.00
Auto Theft Authority Assessment for 4,715 vehicles covered during 1/1/2013 to 6/30/2013	\$2,357.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23809** GRANITE STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,317.70
4/15/2013	\$9,317.70
5/15/2013	\$9,317.70
6/15/2013	\$9,317.70
7/15/2013	\$9,317.70
8/15/2013	\$9,317.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$55,906.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-23809	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-23809	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-23809	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 224 vehicles covered during 7/1/2012 to 12/31/2012	\$112.00
Auto Theft Authority Assessment for 157 vehicles covered during 1/1/2013 to 6/30/2013	\$78.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23817** ILLINOIS NATIONAL INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$69,297.45
4/15/2013	\$69,297.45
5/15/2013	\$69,297.45
6/15/2013	\$69,297.45
7/15/2013	\$69,297.45
8/15/2013	\$69,297.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$415,784.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23817	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23817	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 324 vehicles covered during 7/1/2012 to 12/31/2012	\$162.00
Auto Theft Authority Assessment for 91 vehicles covered during 1/1/2013 to 6/30/2013	\$45.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23825** NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-23825	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23841** NEW HAMPSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,017.28
4/15/2013	\$27,017.28
5/15/2013	\$27,017.28
6/15/2013	\$27,017.28
7/15/2013	\$27,017.28
8/15/2013	\$27,017.28
TOTAL INSTALLMENTS PAID IN 2013:	
	\$162,103.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23841	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23841	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-23841	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 204 vehicles covered during 7/1/2012 to 12/31/2012	\$102.00
Auto Theft Authority Assessment for 349 vehicles covered during 1/1/2013 to 6/30/2013	\$174.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **23876** MAPFRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,758.41
4/15/2013	\$20,758.41
5/15/2013	\$20,758.41
6/15/2013	\$20,758.41
7/15/2013	\$20,758.41
8/15/2013	\$20,758.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$124,550.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-23876	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-23876	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-23876	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 6,741 vehicles covered during 7/1/2012 to 12/31/2012	\$3,370.50
Auto Theft Authority Assessment for 5,252 vehicles covered during 1/1/2013 to 6/30/2013	\$2,626.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **23914** NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE, WI

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-23914	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-23914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-23914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24015** NORTHLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,296.02
4/15/2013	\$11,296.02
5/15/2013	\$11,296.02
6/15/2013	\$11,296.02
7/15/2013	\$11,296.02
8/15/2013	\$11,296.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$67,776.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24015	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24015	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 31 vehicles covered during 7/1/2012 to 12/31/2012	\$15.50
Auto Theft Authority Assessment for 28 vehicles covered during 1/1/2013 to 6/30/2013	\$14.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24031** | NORTHLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24031	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$20.00
Auto Theft Authority Assessment for 32 vehicles covered during 1/1/2013 to 6/30/2013	\$16.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24047** SURETY BONDING COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$301.97
4/15/2013	\$301.97
5/15/2013	\$301.97
6/15/2013	\$301.97
7/15/2013	\$301.97
8/15/2013	\$301.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,811.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24047	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24047	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24066** AMERICAN FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,802.01
4/15/2013	\$2,802.01
5/15/2013	\$2,802.01
6/15/2013	\$2,802.01
7/15/2013	\$2,802.01
8/15/2013	\$2,802.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,812.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24066	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24066	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 584 vehicles covered during 7/1/2012 to 12/31/2012	\$292.00
Auto Theft Authority Assessment for 401 vehicles covered during 1/1/2013 to 6/30/2013	\$200.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24074** OHIO CASUALTY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,798.55
4/15/2013	\$12,798.55
5/15/2013	\$12,798.55
6/15/2013	\$12,798.55
7/15/2013	\$12,798.55
8/15/2013	\$12,798.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$76,791.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24074	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24074	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24074	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$106.00
Auto Theft Authority Assessment for 176 vehicles covered during 1/1/2013 to 6/30/2013	\$88.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24082** OHIO SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,637.04
4/15/2013	\$19,637.04
5/15/2013	\$19,637.04
6/15/2013	\$19,637.04
7/15/2013	\$19,637.04
8/15/2013	\$19,637.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$117,822.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24082	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24082	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,489 vehicles covered during 7/1/2012 to 12/31/2012	\$744.50
Auto Theft Authority Assessment for 3,094 vehicles covered during 1/1/2013 to 6/30/2013	\$1,547.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24104** OHIO FARMERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24104	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24104	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24112** WESTFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$57,657.69
4/15/2013	\$57,657.69
5/15/2013	\$57,657.69
6/15/2013	\$57,657.69
7/15/2013	\$57,657.69
8/15/2013	\$57,657.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$345,946.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24112	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24112	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24112	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 609 vehicles covered during 7/1/2012 to 12/31/2012	\$304.50
Auto Theft Authority Assessment for 1,685 vehicles covered during 1/1/2013 to 6/30/2013	\$842.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24120** WESTFIELD NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24139** OLD REPUBLIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,538.49
4/15/2013	\$5,538.49
5/15/2013	\$5,538.49
6/15/2013	\$5,538.49
7/15/2013	\$5,538.49
8/15/2013	\$5,538.49
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,230.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24139	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 311 vehicles covered during 7/1/2012 to 12/31/2012	\$155.50
Auto Theft Authority Assessment for 351 vehicles covered during 1/1/2013 to 6/30/2013	\$175.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **24147** OLD REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$36,509.67
4/15/2013	\$36,509.67
5/15/2013	\$36,509.67
6/15/2013	\$36,509.67
7/15/2013	\$36,509.67
8/15/2013	\$36,509.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$219,058.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24147	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24147	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24147	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 13,671 vehicles covered during 7/1/2012 to 12/31/2012	\$6,835.50
Auto Theft Authority Assessment for 9,466 vehicles covered during 1/1/2013 to 6/30/2013	\$4,733.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24171** NETHERLANDS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24171	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24171	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24198** PEERLESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24198	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24198	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24201** FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24201	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24201	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,097 vehicles covered during 7/1/2012 to 12/31/2012	\$1,048.50
Auto Theft Authority Assessment for 6,651 vehicles covered during 1/1/2013 to 6/30/2013	\$3,325.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24228** PEKIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,808.30
4/15/2013	\$18,808.30
5/15/2013	\$18,808.30
6/15/2013	\$18,808.30
7/15/2013	\$18,808.30
8/15/2013	\$18,808.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$112,849.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24228	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24228	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,288 vehicles covered during 7/1/2012 to 12/31/2012	\$644.00
Auto Theft Authority Assessment for 2,204 vehicles covered during 1/1/2013 to 6/30/2013	\$1,102.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24260** PROGRESSIVE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$78,048.29
4/15/2013	\$78,048.29
5/15/2013	\$78,048.29
6/15/2013	\$78,048.29
7/15/2013	\$78,048.29
8/15/2013	\$78,048.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$468,289.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 39,689 vehicles covered during 7/1/2012 to 12/31/2012	\$19,844.50
Auto Theft Authority Assessment for 39,688 vehicles covered during 1/1/2013 to 6/30/2013	\$19,844.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24279** PROGRESSIVE MAX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24279	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24295** PROVIDENCE WASHINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24295	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24295	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24325** YORK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
MAP13-24325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
FRA13-24325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24350** TRIAD GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,955.51
4/15/2013	\$6,955.51
5/15/2013	\$6,955.51
6/15/2013	\$6,955.51
7/15/2013	\$6,955.51
8/15/2013	\$6,955.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$41,733.06

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24376** WOODRIDGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24376	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24376	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24384** FAIRMONT SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24384	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24384	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24384	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24414** GENERAL CASUALTY COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,599.53
4/15/2013	\$1,599.53
5/15/2013	\$1,599.53
6/15/2013	\$1,599.53
7/15/2013	\$1,599.53
8/15/2013	\$1,599.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,597.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24414	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24414	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 93 vehicles covered during 7/1/2012 to 12/31/2012	\$46.50
Auto Theft Authority Assessment for 101 vehicles covered during 1/1/2013 to 6/30/2013	\$50.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24449** REGENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$568.96
4/15/2013	\$568.96
5/15/2013	\$568.96
6/15/2013	\$568.96
7/15/2013	\$568.96
8/15/2013	\$568.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,413.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24449	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24449	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24449	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$37.00
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2013 to 6/30/2013	\$28.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24465** WESTERN NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24465	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24465	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24465	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24503** CATLIN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,249.81
4/15/2013	\$3,249.81
5/15/2013	\$3,249.81
6/15/2013	\$3,249.81
7/15/2013	\$3,249.81
8/15/2013	\$3,249.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,498.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24503	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24503	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24503	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 97 vehicles covered during 7/1/2012 to 12/31/2012	\$48.50
Auto Theft Authority Assessment for 122 vehicles covered during 1/1/2013 to 6/30/2013	\$61.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24538** REPUBLIC UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24538	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24538	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$16.50
Auto Theft Authority Assessment for 28 vehicles covered during 1/1/2013 to 6/30/2013	\$14.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24554** XL INSURANCE AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,204.40
4/15/2013	\$18,236.66
5/15/2013	\$17,204.00
6/15/2013	\$17,204.40
7/15/2013	\$17,204.40
8/15/2013	\$17,204.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$104,258.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24554	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24554	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 486 vehicles covered during 7/1/2012 to 12/31/2012	\$243.00
Auto Theft Authority Assessment for 587 vehicles covered during 1/1/2013 to 6/30/2013	\$293.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24678** ARROWOOD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24678	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24678	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24678	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **24724** FIRST NATIONAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,401.80
4/15/2013	\$1,401.80
5/15/2013	\$1,401.80
6/15/2013	\$1,401.80
7/15/2013	\$1,401.80
8/15/2013	\$1,401.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,410.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 173 vehicles covered during 7/1/2012 to 12/31/2012	\$86.50
Auto Theft Authority Assessment for 174 vehicles covered during 1/1/2013 to 6/30/2013	\$87.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24732** GENERAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,765.52
4/15/2013	\$3,765.52
5/15/2013	\$3,765.52
6/15/2013	\$3,765.52
7/15/2013	\$3,765.52
8/15/2013	\$3,765.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,593.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24732	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24732	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24732	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 358 vehicles covered during 7/1/2012 to 12/31/2012	\$179.00
Auto Theft Authority Assessment for 338 vehicles covered during 1/1/2013 to 6/30/2013	\$169.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24740** SAFECO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$333,832.14
4/15/2013	\$333,832.14
5/15/2013	\$333,832.14
6/15/2013	\$333,832.14
7/15/2013	\$333,832.14
8/15/2013	\$333,832.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,002,992.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24740	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 86,879 vehicles covered during 7/1/2012 to 12/31/2012	\$43,439.50
Auto Theft Authority Assessment for 99,068 vehicles covered during 1/1/2013 to 6/30/2013	\$49,534.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24759** SAFECO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24767** ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,016.00
4/15/2013	\$22,016.00
5/15/2013	\$22,016.00
6/15/2013	\$22,016.00
7/15/2013	\$22,016.00
8/15/2013	\$22,016.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$132,096.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24767	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24767	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 427 vehicles covered during 7/1/2012 to 12/31/2012	\$213.50
Auto Theft Authority Assessment for 573 vehicles covered during 1/1/2013 to 6/30/2013	\$286.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24775** ST. PAUL GUARDIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24775	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24775	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-24775	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$37.50
Auto Theft Authority Assessment for 136 vehicles covered during 1/1/2013 to 6/30/2013	\$68.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24791** ST. PAUL MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,750.20
4/15/2013	\$4,750.20
5/15/2013	\$4,750.20
6/15/2013	\$4,750.20
7/15/2013	\$4,750.20
8/15/2013	\$4,750.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,501.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24791	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24791	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24791	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 73 vehicles covered during 7/1/2012 to 12/31/2012	\$36.50
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2013 to 6/30/2013	\$12.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24813** BALBOA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,501.48
4/15/2013	\$14,501.48
5/15/2013	\$14,501.48
6/15/2013	\$14,501.48
7/15/2013	\$14,501.48
8/15/2013	\$14,501.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$87,008.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24813	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24813	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 636 vehicles covered during 7/1/2012 to 12/31/2012	\$318.00
Auto Theft Authority Assessment for 329 vehicles covered during 1/1/2013 to 6/30/2013	\$164.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24821** MERITPLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-24821	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-24821	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-24821	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24848** NEWPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,662.55
4/15/2013	\$1,662.55
5/15/2013	\$1,662.55
6/15/2013	\$1,662.55
7/15/2013	\$1,662.55
8/15/2013	\$1,662.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,975.30

Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2012 to 12/31/2012	\$30.00
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2013 to 6/30/2013	\$29.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24899** ALEA NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24899	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-24899	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **24961** EVERSPAN FINANCIAL GUARANTEE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-24961	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **24988** SENTRY INSURANCE A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,342.66
4/15/2013	\$30,342.66
5/15/2013	\$30,342.68
6/15/2013	\$30,342.64
7/15/2013	\$30,342.66
8/15/2013	\$30,342.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$182,055.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-24988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-24988	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-24988	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 10,089 vehicles covered during 7/1/2012 to 12/31/2012	\$5,044.50
Auto Theft Authority Assessment for 32,714 vehicles covered during 1/1/2013 to 6/30/2013	\$16,357.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25011** WESCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,117.34
4/15/2013	\$7,117.34
5/15/2013	\$7,117.34
6/15/2013	\$7,117.34
7/15/2013	\$7,117.34
8/15/2013	\$7,117.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$42,704.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25011	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25011	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25011	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,702 vehicles covered during 7/1/2012 to 12/31/2012	\$851.00
Auto Theft Authority Assessment for 1,733 vehicles covered during 1/1/2013 to 6/30/2013	\$866.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25054** HUDSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,707.15
4/15/2013	\$4,707.15
5/15/2013	\$4,707.15
6/15/2013	\$4,707.15
7/15/2013	\$4,707.15
8/15/2013	\$4,707.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,242.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$43.50
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2013 to 6/30/2013	\$17.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25070** CLEARWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-25070	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25089** COAST NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$174,060.37
4/15/2013	\$174,060.37
5/15/2013	\$174,060.37
6/15/2013	\$174,060.37
7/15/2013	\$174,060.37
8/15/2013	\$174,060.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,044,362.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25089	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25089	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 77,561 vehicles covered during 7/1/2012 to 12/31/2012	\$38,780.50
Auto Theft Authority Assessment for 64,015 vehicles covered during 1/1/2013 to 6/30/2013	\$32,007.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25127** STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,309.09
4/15/2013	\$24,309.09
5/15/2013	\$24,309.09
6/15/2013	\$24,309.09
7/15/2013	\$24,309.09
8/15/2013	\$24,309.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$145,854.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,735 vehicles covered during 7/1/2012 to 12/31/2012	\$1,367.50
Auto Theft Authority Assessment for 2,828 vehicles covered during 1/1/2013 to 6/30/2013	\$1,414.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25135** STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,775.23
4/15/2013	\$5,775.23
5/15/2013	\$5,775.23
6/15/2013	\$5,775.23
7/15/2013	\$5,775.23
8/15/2013	\$5,775.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,651.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25135	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 303 vehicles covered during 7/1/2012 to 12/31/2012	\$151.50
Auto Theft Authority Assessment for 170 vehicles covered during 1/1/2013 to 6/30/2013	\$85.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25143** STATE FARM FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,208,671.11
4/15/2013	\$1,208,671.11
5/15/2013	\$1,208,671.11
6/15/2013	\$1,208,671.11
7/15/2013	\$1,208,671.11
8/15/2013	\$1,208,671.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,252,026.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25143	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25143	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25143	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 73,132 vehicles covered during 7/1/2012 to 12/31/2012	\$36,566.00
Auto Theft Authority Assessment for 75,869 vehicles covered during 1/1/2013 to 6/30/2013	\$37,934.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25151** STATE FARM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25151	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25178** STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,927,495.05
4/15/2013	\$1,927,495.05
5/15/2013	\$1,927,495.05
6/15/2013	\$1,927,495.05
7/15/2013	\$1,927,495.05
8/15/2013	\$1,927,495.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,564,970.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25178	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25178	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 749,781 vehicles covered during 7/1/2012 to 12/31/2012	\$374,890.50
Auto Theft Authority Assessment for 770,671 vehicles covered during 1/1/2013 to 6/30/2013	\$385,335.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25180** STILLWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$36,430.79
4/15/2013	\$36,430.79
5/15/2013	\$36,430.79
6/15/2013	\$36,430.79
7/15/2013	\$36,430.79
8/15/2013	\$36,430.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$218,584.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 270 vehicles covered during 7/1/2012 to 12/31/2012	\$135.00
Auto Theft Authority Assessment for 255 vehicles covered during 1/1/2013 to 6/30/2013	\$127.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25186** EMC PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25186	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25186	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25232** 21ST CENTURY ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$79,896.98
4/15/2013	\$79,896.98
5/15/2013	\$79,896.98
6/15/2013	\$79,896.98
7/15/2013	\$79,896.98
8/15/2013	\$79,896.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$479,381.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 44,743 vehicles covered during 7/1/2012 to 12/31/2012	\$22,371.50
Auto Theft Authority Assessment for 46,870 vehicles covered during 1/1/2013 to 6/30/2013	\$23,435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **25240** NAU COUNTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,455.26
4/15/2013	\$1,455.26
5/15/2013	\$1,455.26
6/15/2013	\$1,455.26
7/15/2013	\$1,455.26
8/15/2013	\$1,455.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,731.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25321** METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,309.68
4/15/2013	\$3,309.68
5/15/2013	\$3,309.68
6/15/2013	\$3,309.68
7/15/2013	\$3,309.68
8/15/2013	\$3,309.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,858.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25321	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25321	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 936 vehicles covered during 7/1/2012 to 12/31/2012	\$468.00
Auto Theft Authority Assessment for 848 vehicles covered during 1/1/2013 to 6/30/2013	\$424.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25364** SWISS REINSURANCE AMERICA CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25364	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25364	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-25364	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25402** EMPLOYERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25402	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25405** SAFE AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$40,421.31
4/15/2013	\$40,421.31
5/15/2013	\$40,421.31
6/15/2013	\$40,421.31
7/15/2013	\$40,421.31
8/15/2013	\$40,421.31
TOTAL INSTALLMENTS PAID IN 2013:	
	\$242,527.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25405	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25405	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 21,831 vehicles covered during 7/1/2012 to 12/31/2012	\$10,915.50
Auto Theft Authority Assessment for 22,828 vehicles covered during 1/1/2013 to 6/30/2013	\$11,414.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25422** ATRADIUS TRADE CREDIT INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,049.41
4/15/2013	\$1,049.41
5/15/2013	\$1,049.41
6/15/2013	\$1,049.41
7/15/2013	\$1,049.41
8/15/2013	\$1,049.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,296.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25422	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25422	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25445** IRONSHORE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,355.78
4/15/2013	\$3,355.78
5/15/2013	\$3,355.78
6/15/2013	\$3,355.78
7/15/2013	\$3,355.78
8/15/2013	\$3,355.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,134.68

Auto Theft Authority Assessment for 871 vehicles covered during 7/1/2012 to 12/31/2012	\$435.50
Auto Theft Authority Assessment for 1,249 vehicles covered during 1/1/2013 to 6/30/2013	\$624.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25448** AMERICAN SAFETY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25453** NATIONWIDE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$92,695.93
4/15/2013	\$92,695.93
5/15/2013	\$92,695.93
6/15/2013	\$93,367.61
7/15/2013	\$92,863.85
8/15/2013	\$92,863.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$557,183.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 23,503 vehicles covered during 7/1/2012 to 12/31/2012	\$11,751.50
Auto Theft Authority Assessment for 21,935 vehicles covered during 1/1/2013 to 6/30/2013	\$10,967.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25496** TORUS NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,359.30
4/15/2013	\$2,359.30
5/15/2013	\$2,359.30
6/15/2013	\$2,359.30
7/15/2013	\$2,359.30
8/15/2013	\$2,359.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,155.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25496	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25496	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25518** FAIRMONT PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25534** TIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25534	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	25550	INDEMNITY COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25550	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25585** PROFESSIONALS DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25585	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25585	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25615** CHARTER OAK FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$45,360.78
4/15/2013	\$45,360.78
5/15/2013	\$45,360.78
6/15/2013	\$45,360.78
7/15/2013	\$45,360.78
8/15/2013	\$45,360.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$272,164.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25615	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25615	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,827 vehicles covered during 7/1/2012 to 12/31/2012	\$1,413.50
Auto Theft Authority Assessment for 1,288 vehicles covered during 1/1/2013 to 6/30/2013	\$644.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25623** PHOENIX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,450.33
4/15/2013	\$28,450.33
5/15/2013	\$28,450.33
6/15/2013	\$28,450.33
7/15/2013	\$28,450.33
8/15/2013	\$28,450.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$170,701.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25623	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 211 vehicles covered during 7/1/2012 to 12/31/2012	\$105.50
Auto Theft Authority Assessment for 203 vehicles covered during 1/1/2013 to 6/30/2013	\$101.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25658** TRAVELERS INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$82,666.37
4/15/2013	\$82,666.37
5/15/2013	\$82,666.37
6/15/2013	\$82,666.37
7/15/2013	\$82,666.37
8/15/2013	\$82,666.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$495,998.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25658	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-25658	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,622 vehicles covered during 7/1/2012 to 12/31/2012	\$811.00
Auto Theft Authority Assessment for 552 vehicles covered during 1/1/2013 to 6/30/2013	\$276.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25666** TRAVELERS INDEMNITY COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,037.26
4/15/2013	\$30,037.26
5/15/2013	\$30,037.26
6/15/2013	\$30,037.26
7/15/2013	\$30,037.26
8/15/2013	\$30,037.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$180,223.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25666	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25666	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$183.50
Auto Theft Authority Assessment for 83 vehicles covered during 1/1/2013 to 6/30/2013	\$41.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25674** TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$132,065.26
4/15/2013	\$132,065.26
5/15/2013	\$132,065.26
6/15/2013	\$132,065.26
7/15/2013	\$132,065.26
8/15/2013	\$132,065.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$792,391.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25674	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25674	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,095 vehicles covered during 7/1/2012 to 12/31/2012	\$3,550.00
Auto Theft Authority Assessment for 5,679 vehicles covered during 1/1/2013 to 6/30/2013	\$2,839.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25682** TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,932.15
4/15/2013	\$18,932.15
5/15/2013	\$18,932.15
6/15/2013	\$18,932.15
7/15/2013	\$18,932.15
8/15/2013	\$18,932.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$113,592.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25682	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 138 vehicles covered during 7/1/2012 to 12/31/2012	\$69.00
Auto Theft Authority Assessment for 79 vehicles covered during 1/1/2013 to 6/30/2013	\$39.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **25712** ESURANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,532.84
4/15/2013	\$11,532.84
5/15/2013	\$11,532.84
6/15/2013	\$11,532.84
7/15/2013	\$11,532.84
8/15/2013	\$11,532.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$69,197.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25712	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,165 vehicles covered during 7/1/2012 to 12/31/2012	\$1,582.50
Auto Theft Authority Assessment for 2,622 vehicles covered during 1/1/2013 to 6/30/2013	\$1,311.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25747** UNIGARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,643.93
4/15/2013	\$17,643.93
5/15/2013	\$17,643.93
6/15/2013	\$17,643.93
7/15/2013	\$17,643.93
8/15/2013	\$17,643.93
TOTAL INSTALLMENTS PAID IN 2013:	
	\$105,863.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25747	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25747	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25747	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,048 vehicles covered during 7/1/2012 to 12/31/2012	\$2,024.00
Auto Theft Authority Assessment for 4,054 vehicles covered during 1/1/2013 to 6/30/2013	\$2,027.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25755** PEACHTREE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25755	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25755	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25763** SEATON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25763	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25763	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-25763	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25771** CIFG ASSURANCE NORTH AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25771	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25780** WILLIAMSBURG NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25780	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25780	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25798** UNIGARD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25798	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25798	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25844** UNION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,953.62
4/15/2013	\$9,953.62
5/15/2013	\$9,953.62
6/15/2013	\$9,953.62
7/15/2013	\$9,953.62
8/15/2013	\$9,953.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$59,721.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25844	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,537 vehicles covered during 7/1/2012 to 12/31/2012	\$768.50
Auto Theft Authority Assessment for 1,892 vehicles covered during 1/1/2013 to 6/30/2013	\$946.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25879** FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-25879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-25879	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25887** UNITED STATES FIDELITY AND GUARANTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-25887	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25895** UNITED STATES LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,342.62
4/15/2013	\$11,342.62
5/15/2013	\$11,342.62
6/15/2013	\$11,342.62
7/15/2013	\$11,342.62
8/15/2013	\$11,342.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$68,055.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2012 to 12/31/2012	\$12.00
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2013 to 6/30/2013	\$27.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **25933** UNIVERSAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-25933	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25941** UNITED SERVICES AUTOMOBILE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$459,284.04
4/15/2013	\$459,284.04
5/15/2013	\$459,284.04
6/15/2013	\$459,284.04
7/15/2013	\$459,284.04
8/15/2013	\$459,284.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,755,704.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25941	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 149,003 vehicles covered during 7/1/2012 to 12/31/2012	\$74,501.50
Auto Theft Authority Assessment for 148,689 vehicles covered during 1/1/2013 to 6/30/2013	\$74,344.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25968** USAA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$432,203.72
4/15/2013	\$432,203.72
5/15/2013	\$432,203.72
6/15/2013	\$432,203.72
7/15/2013	\$432,203.72
8/15/2013	\$432,203.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,593,222.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-25968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 118,795 vehicles covered during 7/1/2012 to 12/31/2012	\$59,397.50
Auto Theft Authority Assessment for 119,541 vehicles covered during 1/1/2013 to 6/30/2013	\$59,770.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **25976** UTICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$338.63
4/15/2013	\$338.63
5/15/2013	\$338.63
6/15/2013	\$338.63
7/15/2013	\$338.63
8/15/2013	\$338.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,031.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-25976	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-25976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-25976	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$2.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **26042** WAUSAU UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,899.09
4/15/2013	\$11,899.09
5/15/2013	\$11,899.09
6/15/2013	\$11,899.09
7/15/2013	\$11,899.09
8/15/2013	\$11,899.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$71,394.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26042	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-26042	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-26042	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1,033.50
Auto Theft Authority Assessment for 2,307 vehicles covered during 1/1/2013 to 6/30/2013	\$1,153.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26050** RESPONSE WORLDWIDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 150 vehicles covered during 7/1/2012 to 12/31/2012	\$75.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26069** WAUSAU BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,441.98
4/15/2013	\$4,441.98
5/15/2013	\$4,441.98
6/15/2013	\$4,441.98
7/15/2013	\$4,441.98
8/15/2013	\$4,441.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,651.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 689 vehicles covered during 7/1/2012 to 12/31/2012	\$344.50
Auto Theft Authority Assessment for 1,000 vehicles covered during 1/1/2013 to 6/30/2013	\$500.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26077** LANCER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,858.48
4/15/2013	\$12,858.48
5/15/2013	\$12,858.48
6/15/2013	\$12,858.48
7/15/2013	\$12,858.48
8/15/2013	\$12,858.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$77,150.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26077	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 794 vehicles covered during 7/1/2012 to 12/31/2012	\$397.00
Auto Theft Authority Assessment for 836 vehicles covered during 1/1/2013 to 6/30/2013	\$418.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26085** WARNER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,624.42
4/15/2013	\$1,624.42
5/15/2013	\$1,624.42
6/15/2013	\$1,624.42
7/15/2013	\$1,624.42
8/15/2013	\$1,624.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,746.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26085	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26085	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 354 vehicles covered during 7/1/2012 to 12/31/2012	\$177.00
Auto Theft Authority Assessment for 232 vehicles covered during 1/1/2013 to 6/30/2013	\$116.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26093** NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$35,095.94
4/15/2013	\$35,095.94
5/15/2013	\$35,095.94
6/15/2013	\$35,095.94
7/15/2013	\$35,095.94
8/15/2013	\$35,095.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$210,575.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26093	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26093	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26093	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,889 vehicles covered during 7/1/2012 to 12/31/2012	\$3,944.50
Auto Theft Authority Assessment for 12,181 vehicles covered during 1/1/2013 to 6/30/2013	\$6,090.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26220** YOSEMITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,384.99
4/15/2013	\$1,384.99
5/15/2013	\$1,384.99
6/15/2013	\$1,384.99
7/15/2013	\$1,384.99
8/15/2013	\$1,384.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,309.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26220	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26247** AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$36,148.55
4/15/2013	\$36,148.55
5/15/2013	\$36,148.55
6/15/2013	\$36,148.55
7/15/2013	\$36,148.55
8/15/2013	\$36,148.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$216,891.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26247	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26247	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26247	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 623 vehicles covered during 7/1/2012 to 12/31/2012	\$311.50
Auto Theft Authority Assessment for 764 vehicles covered during 1/1/2013 to 6/30/2013	\$382.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26257** MUTUAL RISK RETENTION GROUP, INC. (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,914.00
4/15/2013	\$2,914.00
5/15/2013	\$2,914.00
6/15/2013	\$2,914.00
7/15/2013	\$2,914.00
8/15/2013	\$2,914.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,484.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26298** METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$92,294.32
4/15/2013	\$92,294.32
5/15/2013	\$92,294.32
6/15/2013	\$92,294.32
7/15/2013	\$92,294.32
8/15/2013	\$92,294.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$553,765.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-26298	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-26298	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2012 to 12/31/2012	\$23.50
Auto Theft Authority Assessment for 48 vehicles covered during 1/1/2013 to 6/30/2013	\$24.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26310** GRANITE RE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26310	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26344** GREAT AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,020.00
4/15/2013	\$23,010.38
5/15/2013	\$23,010.38
6/15/2013	\$23,010.38
7/15/2013	\$23,010.38
8/15/2013	\$23,010.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$138,071.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26344	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26344	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 316 vehicles covered during 7/1/2012 to 12/31/2012	\$158.00
Auto Theft Authority Assessment for 258 vehicles covered during 1/1/2013 to 6/30/2013	\$129.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26379** ACCREDITED SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$731.25
4/15/2013	\$731.25
5/15/2013	\$731.25
6/15/2013	\$731.25
7/15/2013	\$731.25
8/15/2013	\$731.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,387.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26379	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26379	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26395** WESTERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26395	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26395	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26433** HARCO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,807.83
4/15/2013	\$1,807.83
5/15/2013	\$1,807.83
6/15/2013	\$1,807.83
7/15/2013	\$1,807.83
8/15/2013	\$1,807.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,846.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26433	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$13.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26492** COURTESY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,946.21
4/15/2013	\$3,946.21
5/15/2013	\$3,946.21
6/15/2013	\$3,946.21
7/15/2013	\$3,946.21
8/15/2013	\$3,946.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,677.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26492	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26492	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26565** OHIO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$997.91
4/15/2013	\$997.91
5/15/2013	\$997.91
6/15/2013	\$997.91
7/15/2013	\$997.91
8/15/2013	\$997.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,987.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26565	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26565	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26581** INDEPENDENCE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,008.53
4/15/2013	\$10,008.53
5/15/2013	\$10,008.53
6/15/2013	\$10,008.53
7/15/2013	\$10,008.53
8/15/2013	\$10,008.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$60,051.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-26581	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26611** VALIANT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-26611	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26654** GREAT NORTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,353.96
4/15/2013	\$1,353.96
5/15/2013	\$1,367.45
6/15/2013	\$1,367.45
7/15/2013	\$1,367.45
8/15/2013	\$1,367.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,177.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26654	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26654	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 287 vehicles covered during 7/1/2012 to 12/31/2012	\$143.50
Auto Theft Authority Assessment for 311 vehicles covered during 1/1/2013 to 6/30/2013	\$155.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26662** MILWAUKEE CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$535.05
4/15/2013	\$535.05
5/15/2013	\$535.05
6/15/2013	\$535.05
7/15/2013	\$535.05
8/15/2013	\$535.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,210.31

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26662	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26662	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$2.00
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2013 to 6/30/2013	\$47.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26697** CASUALTY UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26697	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26697	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26700** INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-26700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-26700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26794** PLANS' LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26794	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26797** HOUSING AUTHORITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26832** GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,170.00
4/15/2013	\$4,160.24
5/15/2013	\$4,160.24
6/15/2013	\$4,160.24
7/15/2013	\$4,160.24
8/15/2013	\$4,160.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,971.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26832	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26832	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$108.00
Auto Theft Authority Assessment for 32 vehicles covered during 1/1/2013 to 6/30/2013	\$16.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26905** CENTURY-NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,408.10
4/15/2013	\$18,408.10
5/15/2013	\$18,408.10
6/15/2013	\$18,408.10
7/15/2013	\$18,408.10
8/15/2013	\$18,408.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$110,448.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26905	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26905	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 502 vehicles covered during 7/1/2012 to 12/31/2012	\$251.00
Auto Theft Authority Assessment for 664 vehicles covered during 1/1/2013 to 6/30/2013	\$332.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **26921** EVEREST REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,857.58
4/15/2013	\$3,857.58
5/15/2013	\$3,857.58
6/15/2013	\$3,857.58
7/15/2013	\$3,857.58
8/15/2013	\$3,857.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,145.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-26921	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-26921	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-26921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **26999** UNITED GUARANTY MORTGAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-26999	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27073** NIPPONKOA INSURANCE COMPANY, LIMITED (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27073	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27073	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27081** BOND SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,726.08
4/15/2013	\$1,726.08
5/15/2013	\$1,726.08
6/15/2013	\$1,726.08
7/15/2013	\$1,726.08
8/15/2013	\$1,726.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,356.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27081	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27090** YOUNG AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$29,724.90
4/15/2013	\$29,724.90
5/15/2013	\$29,724.90
6/15/2013	\$29,724.90
7/15/2013	\$29,724.90
8/15/2013	\$29,724.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$178,349.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27090	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27090	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 14,944 vehicles covered during 7/1/2012 to 12/31/2012	\$7,472.00
Auto Theft Authority Assessment for 16,523 vehicles covered during 1/1/2013 to 6/30/2013	\$8,261.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27120** TRUMBULL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$170,716.31
4/15/2013	\$170,716.31
5/15/2013	\$170,716.31
6/15/2013	\$170,716.31
7/15/2013	\$170,716.31
8/15/2013	\$170,716.31
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,024,297.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-27120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-27120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 66,772 vehicles covered during 7/1/2012 to 12/31/2012	\$33,386.00
Auto Theft Authority Assessment for 66,960 vehicles covered during 1/1/2013 to 6/30/2013	\$33,480.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27138** MIDVALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-27138	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-27138	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27154** ATLANTIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,136.67
4/15/2013	\$27,136.67
5/15/2013	\$27,136.67
6/15/2013	\$27,136.67
7/15/2013	\$27,136.67
8/15/2013	\$27,136.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$162,820.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-27154	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-27154	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27154	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$29.00
Auto Theft Authority Assessment for 90 vehicles covered during 1/1/2013 to 6/30/2013	\$45.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27251** PMI MORTGAGE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,607.86
4/15/2013	\$21,607.86
5/15/2013	\$21,607.86
6/15/2013	\$21,607.86
7/15/2013	\$21,607.86
8/15/2013	\$21,607.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$129,647.16

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27464** CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27464	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27499** SOUTHWEST GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,389.18
4/15/2013	\$2,389.18
5/15/2013	\$2,389.18
6/15/2013	\$2,389.18
7/15/2013	\$2,389.18
8/15/2013	\$2,389.18
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,335.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 167 vehicles covered during 7/1/2012 to 12/31/2012	\$83.50
Auto Theft Authority Assessment for 165 vehicles covered during 1/1/2013 to 6/30/2013	\$82.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27502** WESTERN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,657.67
4/15/2013	\$19,657.67
5/15/2013	\$19,657.67
6/15/2013	\$19,657.67
7/15/2013	\$19,657.67
8/15/2013	\$19,657.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$117,946.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-27502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-27502	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 11,666 vehicles covered during 7/1/2012 to 12/31/2012	\$5,833.00
Auto Theft Authority Assessment for 11,011 vehicles covered during 1/1/2013 to 6/30/2013	\$5,505.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27626** FIRSTCOMP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27626	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	27740	NORTH POINTE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$468.74
4/15/2013	\$468.74
5/15/2013	\$468.74
6/15/2013	\$468.74
7/15/2013	\$468.74
8/15/2013	\$468.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,812.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27804** PROGRESSIVE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27804	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27812** COLUMBIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-27812	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-27812	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-27812	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27847** INSURANCE COMPANY OF THE WEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$389.65
4/15/2013	\$389.65
5/15/2013	\$389.65
6/15/2013	\$389.65
7/15/2013	\$389.65
8/15/2013	\$389.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,337.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-27847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-27847	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27855** ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$679.18
4/15/2013	\$679.18
5/15/2013	\$679.18
6/15/2013	\$679.18
7/15/2013	\$679.18
8/15/2013	\$679.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,075.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-27855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-27855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-27855	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$13.00
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2013 to 6/30/2013	\$10.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27871** WESTERN AGRICULTURAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$29,933.73
4/15/2013	\$29,933.73
5/15/2013	\$29,933.73
6/15/2013	\$29,933.73
7/15/2013	\$29,933.73
8/15/2013	\$29,933.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$179,602.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-27871	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-27871	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-27871	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 8,504 vehicles covered during 7/1/2012 to 12/31/2012	\$4,252.00
Auto Theft Authority Assessment for 8,886 vehicles covered during 1/1/2013 to 6/30/2013	\$4,443.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27928** AMEX ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,217.80
4/15/2013	\$14,217.80
5/15/2013	\$14,217.80
6/15/2013	\$14,217.80
7/15/2013	\$14,217.80
8/15/2013	\$14,217.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$85,306.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-27928	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-27928	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27928	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **27944** NATIONAL INSURANCE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27944	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **27998** TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$182,002.66
4/15/2013	\$182,002.66
5/15/2013	\$182,002.66
6/15/2013	\$182,002.66
7/15/2013	\$182,002.66
8/15/2013	\$182,002.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,092,015.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-27998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-27998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 35,911 vehicles covered during 7/1/2012 to 12/31/2012	\$17,955.50
Auto Theft Authority Assessment for 33,120 vehicles covered during 1/1/2013 to 6/30/2013	\$16,560.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28053** ROCKHILL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,850.21
4/15/2013	\$4,850.21
5/15/2013	\$4,850.21
6/15/2013	\$4,850.21
7/15/2013	\$4,850.21
8/15/2013	\$4,850.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,101.26

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28188** TRAVCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28207** ANTHEM INSURANCE COMPANIES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28207	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28207	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-28207	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28223** NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,665.68
4/15/2013	\$8,665.68
5/15/2013	\$8,665.68
6/15/2013	\$8,665.68
7/15/2013	\$8,665.68
8/15/2013	\$8,665.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$51,994.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28223	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 409 vehicles covered during 7/1/2012 to 12/31/2012	\$204.50
Auto Theft Authority Assessment for 607 vehicles covered during 1/1/2013 to 6/30/2013	\$303.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28258** CONTINENTAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28304** FEDERATED SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,772.48
4/15/2013	\$6,772.48
5/15/2013	\$6,772.48
6/15/2013	\$6,772.48
7/15/2013	\$6,772.48
8/15/2013	\$6,772.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$40,634.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-28304	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-28304	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,809 vehicles covered during 7/1/2012 to 12/31/2012	\$904.50
Auto Theft Authority Assessment for 2,032 vehicles covered during 1/1/2013 to 6/30/2013	\$1,016.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28339** GATEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$367.63
4/15/2013	\$367.63
5/15/2013	\$367.63
6/15/2013	\$367.63
7/15/2013	\$367.63
8/15/2013	\$367.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,205.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28339	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 79 vehicles covered during 7/1/2012 to 12/31/2012	\$39.50
Auto Theft Authority Assessment for 45 vehicles covered during 1/1/2013 to 6/30/2013	\$22.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28401** AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$54,126.34
4/15/2013	\$54,126.34
5/15/2013	\$54,126.34
6/15/2013	\$54,126.34
7/15/2013	\$54,126.34
8/15/2013	\$54,126.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$324,758.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28401	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-28401	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-28401	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 15,287 vehicles covered during 7/1/2012 to 12/31/2012	\$7,643.50
Auto Theft Authority Assessment for 13,515 vehicles covered during 1/1/2013 to 6/30/2013	\$6,757.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28452** REPUBLIC MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,420.32
4/15/2013	\$18,420.32
5/15/2013	\$18,420.32
6/15/2013	\$18,420.32
7/15/2013	\$18,420.32
8/15/2013	\$18,420.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$110,521.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28452	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28460** SENTRY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-28460	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$5.00
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2013 to 6/30/2013	\$5.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28497** USPLATE GLASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28497	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28497	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28649** EASTERN ATLANTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28657** PAVONIA INSURANCE COMPANY OF DELAWARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-28657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-28657	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-28657	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **28665** CINCINNATI CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,161.12
4/15/2013	\$4,161.12
5/15/2013	\$4,161.12
6/15/2013	\$4,161.12
7/15/2013	\$4,161.12
8/15/2013	\$4,161.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,966.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-28665	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-28665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28746** EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28746	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 325 vehicles covered during 7/1/2012 to 12/31/2012	\$162.50
Auto Theft Authority Assessment for 69 vehicles covered during 1/1/2013 to 6/30/2013	\$34.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **28860** RLI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$308.84
4/15/2013	\$308.84
5/15/2013	\$308.84
6/15/2013	\$308.84
7/15/2013	\$308.84
8/15/2013	\$308.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,853.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28886** TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,372.98
4/15/2013	\$4,372.98
5/15/2013	\$4,372.98
6/15/2013	\$4,372.98
7/15/2013	\$4,372.98
8/15/2013	\$4,372.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,237.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28886	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 57 vehicles covered during 7/1/2012 to 12/31/2012	\$28.50
Auto Theft Authority Assessment for 63 vehicles covered during 1/1/2013 to 6/30/2013	\$31.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **28932** MARKEL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,344.08
4/15/2013	\$9,344.08
5/15/2013	\$9,344.08
6/15/2013	\$9,344.08
7/15/2013	\$9,344.08
8/15/2013	\$9,344.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$56,064.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-28932	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-28932	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,654 vehicles covered during 7/1/2012 to 12/31/2012	\$827.00
Auto Theft Authority Assessment for 1,613 vehicles covered during 1/1/2013 to 6/30/2013	\$806.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29017** PROFESSIONALS ADVOCATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29017	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29033** ATAIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29033	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-29033	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29033	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29068** IDS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$108,836.61
4/15/2013	\$108,836.61
5/15/2013	\$108,836.61
6/15/2013	\$108,836.61
7/15/2013	\$108,836.61
8/15/2013	\$108,836.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$653,019.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29068	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29068	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 30,349 vehicles covered during 7/1/2012 to 12/31/2012	\$15,174.50
Auto Theft Authority Assessment for 30,791 vehicles covered during 1/1/2013 to 6/30/2013	\$15,395.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29114** CMG MORTGAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29114	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29157** UNITED WISCONSIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-29157	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-29157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29424** HARTFORD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$72,929.67
4/15/2013	\$72,929.67
5/15/2013	\$72,929.67
6/15/2013	\$72,929.67
7/15/2013	\$72,929.67
8/15/2013	\$72,929.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$437,578.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29424	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-29424	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,756 vehicles covered during 7/1/2012 to 12/31/2012	\$1,378.00
Auto Theft Authority Assessment for 2,544 vehicles covered during 1/1/2013 to 6/30/2013	\$1,272.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29440** MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,131.70
4/15/2013	\$1,131.70
5/15/2013	\$1,131.70
6/15/2013	\$1,131.70
7/15/2013	\$1,131.70
8/15/2013	\$1,131.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,790.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29440	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 606 vehicles covered during 7/1/2012 to 12/31/2012	\$303.00
Auto Theft Authority Assessment for 550 vehicles covered during 1/1/2013 to 6/30/2013	\$275.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29459** TWIN CITY FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$78,409.67
4/15/2013	\$78,409.67
5/15/2013	\$78,409.67
6/15/2013	\$78,409.67
7/15/2013	\$78,409.67
8/15/2013	\$78,409.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$470,458.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29459	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 21,488 vehicles covered during 7/1/2012 to 12/31/2012	\$10,744.00
Auto Theft Authority Assessment for 21,420 vehicles covered during 1/1/2013 to 6/30/2013	\$10,710.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29513** BAR PLAN MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29530** AXA ART INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,008.14
4/15/2013	\$1,008.14
5/15/2013	\$1,008.14
6/15/2013	\$1,008.14
7/15/2013	\$1,008.14
8/15/2013	\$1,008.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,048.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29580** BERKLEY REGIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,620.64
4/15/2013	\$3,620.64
5/15/2013	\$3,620.64
6/15/2013	\$3,620.64
7/15/2013	\$3,620.64
8/15/2013	\$3,620.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,723.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29599** U.S. SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,463.65
4/15/2013	\$11,463.65
5/15/2013	\$11,463.65
6/15/2013	\$11,463.65
7/15/2013	\$11,463.65
8/15/2013	\$11,463.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$68,781.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-29599	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29599	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29688** ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$616,960.62
4/15/2013	\$616,960.62
5/15/2013	\$616,960.62
6/15/2013	\$616,960.62
7/15/2013	\$616,960.62
8/15/2013	\$616,960.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,701,763.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29688	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-29688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 194,839 vehicles covered during 7/1/2012 to 12/31/2012	\$97,419.50
Auto Theft Authority Assessment for 206,222 vehicles covered during 1/1/2013 to 6/30/2013	\$103,111.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29700** NORTH AMERICAN ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,545.48
4/15/2013	\$21,545.48
5/15/2013	\$21,545.48
6/15/2013	\$21,545.48
7/15/2013	\$21,545.48
8/15/2013	\$21,545.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$129,272.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29742** INTEGON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,236.10
4/15/2013	\$9,236.10
5/15/2013	\$9,236.10
6/15/2013	\$9,236.10
7/15/2013	\$9,236.10
8/15/2013	\$9,236.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$55,416.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29742	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 7,228 vehicles covered during 7/1/2012 to 12/31/2012	\$3,614.00
Auto Theft Authority Assessment for 4,600 vehicles covered during 1/1/2013 to 6/30/2013	\$2,300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29793** PACIFIC STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29793	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29793	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$33.00
Auto Theft Authority Assessment for 41 vehicles covered during 1/1/2013 to 6/30/2013	\$20.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29807** PXRE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29807	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29807	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29823** GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORP. OF N C

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$881.25
4/15/2013	\$881.25
5/15/2013	\$881.25
6/15/2013	\$881.25
7/15/2013	\$881.25
8/15/2013	\$881.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,287.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29823	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29858** MORTGAGE GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$47,712.89
4/15/2013	\$47,712.89
5/15/2013	\$47,712.89
6/15/2013	\$47,712.89
7/15/2013	\$47,712.89
8/15/2013	\$47,712.89
TOTAL INSTALLMENTS PAID IN 2013:	
	\$286,277.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29858	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **29874** NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,029.34
4/15/2013	\$4,029.34
5/15/2013	\$4,029.34
6/15/2013	\$4,029.34
7/15/2013	\$4,029.34
8/15/2013	\$4,029.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,176.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-29874	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-29874	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29874	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29890** HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-29890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-29890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29980** FIRST COLONIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,561.69
4/15/2013	\$3,561.69
5/15/2013	\$3,561.69
6/15/2013	\$3,561.69
7/15/2013	\$3,561.69
8/15/2013	\$3,561.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,370.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29980	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-29980	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **29998** UPPER HUDSON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-29998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30007** GENERAL FIDELITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30007	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-30007	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-30007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30058** SCOR REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30058	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **30104** HARTFORD UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$74,917.59
4/15/2013	\$74,917.59
5/15/2013	\$76,878.46
6/15/2013	\$75,571.22
7/15/2013	\$75,571.22
8/15/2013	\$75,571.22
TOTAL INSTALLMENTS PAID IN 2013:	
	\$453,427.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30104	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-30104	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 24,023 vehicles covered during 7/1/2012 to 12/31/2012	\$12,011.50
Auto Theft Authority Assessment for 23,610 vehicles covered during 1/1/2013 to 6/30/2013	\$11,805.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30120** ZNAT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30180** ASSURED GUARANTY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-30180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-30180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **30210** ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$52,572.14
4/15/2013	\$52,572.14
5/15/2013	\$52,572.14
6/15/2013	\$52,572.14
7/15/2013	\$52,572.14
8/15/2013	\$52,572.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$315,432.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30210	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30210	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 20,972 vehicles covered during 7/1/2012 to 12/31/2012	\$10,486.00
Auto Theft Authority Assessment for 26,314 vehicles covered during 1/1/2013 to 6/30/2013	\$13,157.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **30279** BOSTON INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30325** ZALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30830** ARCH INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30830	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **30872** RADIAN MORTGAGE ASSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30872	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **30945** PLAZA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,998.84
4/15/2013	\$4,998.84
5/15/2013	\$4,998.84
6/15/2013	\$4,998.84
7/15/2013	\$4,998.84
8/15/2013	\$4,998.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,993.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-30945	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-30945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 430 vehicles covered during 7/1/2012 to 12/31/2012	\$215.00
Auto Theft Authority Assessment for 694 vehicles covered during 1/1/2013 to 6/30/2013	\$347.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31003** TRI-STATE INSURANCE COMPANY OF MINNESOTA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31003	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-31003	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-31003	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31089** REPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$957.79
4/15/2013	\$957.79
5/15/2013	\$957.79
6/15/2013	\$957.79
7/15/2013	\$957.79
8/15/2013	\$957.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,746.74

Auto Theft Authority Assessment for 163 vehicles covered during 7/1/2012 to 12/31/2012	\$81.50
Auto Theft Authority Assessment for 116 vehicles covered during 1/1/2013 to 6/30/2013	\$58.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31119** MEDICO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,144.61
4/15/2013	\$2,144.61
5/15/2013	\$2,144.61
6/15/2013	\$2,144.61
7/15/2013	\$2,144.61
8/15/2013	\$2,144.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,867.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-31119	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31135** GREAT AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31135	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31194** TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$75,818.14
4/15/2013	\$75,818.14
5/15/2013	\$75,818.14
6/15/2013	\$75,818.14
7/15/2013	\$75,818.14
8/15/2013	\$75,818.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$454,908.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-31194	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-31194	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-31194	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31208** OAKWOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-31208	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-31208	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **31232** WORK FIRST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31275** REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **31325** ACADIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,184.74
4/15/2013	\$15,184.74
5/15/2013	\$15,184.74
6/15/2013	\$15,184.74
7/15/2013	\$15,184.74
8/15/2013	\$15,184.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$91,108.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,707 vehicles covered during 7/1/2012 to 12/31/2012	\$1,853.50
Auto Theft Authority Assessment for 3,647 vehicles covered during 1/1/2013 to 6/30/2013	\$1,823.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **31348** CRUM & FORSTER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,142.15
4/15/2013	\$1,142.15
5/15/2013	\$1,142.15
6/15/2013	\$1,142.15
7/15/2013	\$1,142.15
8/15/2013	\$1,142.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,852.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 18 vehicles covered during 7/1/2012 to 12/31/2012	\$9.00
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2013 to 6/30/2013	\$8.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31380** AMERICAN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$530.07
4/15/2013	\$530.07
5/15/2013	\$530.07
6/15/2013	\$530.07
7/15/2013	\$530.07
8/15/2013	\$530.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,180.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **31453** FINANCIAL PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,243.92
4/15/2013	\$4,243.92
5/15/2013	\$4,243.92
6/15/2013	\$4,243.92
7/15/2013	\$4,243.92
8/15/2013	\$4,243.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$25,463.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-31453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 2,862 vehicles covered during 7/1/2012 to 12/31/2012	\$1,431.00
Auto Theft Authority Assessment for 1,235 vehicles covered during 1/1/2013 to 6/30/2013	\$617.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31470** NORGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31470	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31470	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-31470	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31534** CITIZENS INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,167.05
4/15/2013	\$3,167.05
5/15/2013	\$3,167.05
6/15/2013	\$3,167.05
7/15/2013	\$3,167.05
8/15/2013	\$3,167.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,002.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31550** HAULERS INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31550	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31550	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31887** COFACE NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,100.00
4/15/2013	\$2,100.00
5/15/2013	\$2,100.00
6/15/2013	\$2,100.00
7/15/2013	\$2,100.00
8/15/2013	\$2,100.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,600.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31895** AMERICAN INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **31925** STONEWOOD NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-31925	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-31925	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **31968** MERASTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$447.86
4/15/2013	\$447.86
5/15/2013	\$447.86
6/15/2013	\$447.86
7/15/2013	\$447.86
8/15/2013	\$447.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,687.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-31968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-31968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$51.00
Auto Theft Authority Assessment for 117 vehicles covered during 1/1/2013 to 6/30/2013	\$58.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32077** HERITAGE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-32077	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-32077	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32174** REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32174	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32190** CONSTITUTION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-32190	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **32220** 21ST CENTURY NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,700.48
4/15/2013	\$22,700.48
5/15/2013	\$22,700.48
6/15/2013	\$22,700.48
7/15/2013	\$22,700.48
8/15/2013	\$22,700.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$136,202.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-32220	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-32220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 9,509 vehicles covered during 7/1/2012 to 12/31/2012	\$4,754.50
Auto Theft Authority Assessment for 8,412 vehicles covered during 1/1/2013 to 6/30/2013	\$4,206.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32271** FREESTONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32271	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32271	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32280** COMMERCIAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32280	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32301** TNUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32301	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-32301	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-32301	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32352** LM PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-32352	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-32352	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32352	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32433** MEDICAL INSURANCE EXCHANGE OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32433	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **32450** ALPS PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **32603** BERKLEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,825.23
4/15/2013	\$5,825.23
5/15/2013	\$5,825.23
6/15/2013	\$5,825.23
7/15/2013	\$5,825.23
8/15/2013	\$5,825.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,951.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32603	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-32603	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-32603	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **32620** NATIONAL INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,853.08
4/15/2013	\$9,853.08
5/15/2013	\$9,853.08
6/15/2013	\$9,853.08
7/15/2013	\$9,853.08
8/15/2013	\$9,853.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$59,118.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32620	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32620	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 924 vehicles covered during 7/1/2012 to 12/31/2012	\$462.00
Auto Theft Authority Assessment for 882 vehicles covered during 1/1/2013 to 6/30/2013	\$441.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32700** OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$139,869.45
4/15/2013	\$139,869.45
5/15/2013	\$139,869.45
6/15/2013	\$139,869.45
7/15/2013	\$139,869.45
8/15/2013	\$139,869.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$839,216.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 19,652 vehicles covered during 7/1/2012 to 12/31/2012	\$9,826.00
Auto Theft Authority Assessment for 19,376 vehicles covered during 1/1/2013 to 6/30/2013	\$9,688.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32760** LIBERTY AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32760	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32760	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32778** WASHINGTON INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,964.99
4/15/2013	\$1,964.99
5/15/2013	\$1,964.99
6/15/2013	\$1,964.99
7/15/2013	\$1,964.99
8/15/2013	\$1,964.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,789.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32778	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32778	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-32778	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32786** PROGRESSIVE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-32786	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-32786	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32832** MUTUAL INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$199,907.99
4/15/2013	\$199,907.99
5/15/2013	\$199,907.99
6/15/2013	\$199,907.99
7/15/2013	\$199,907.99
8/15/2013	\$199,907.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,199,447.94

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32859** PENN-AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **32867** UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-32867	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-32867	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33014** TRANSPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-33014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-33014	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33022** AXA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$976.00
4/15/2013	\$976.00
5/15/2013	\$976.00
6/15/2013	\$976.00
7/15/2013	\$976.00
8/15/2013	\$976.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,856.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33022	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-33022	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-33022	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33162** BANKERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,350.08
4/15/2013	\$9,350.08
5/15/2013	\$9,350.08
6/15/2013	\$9,350.08
7/15/2013	\$9,350.08
8/15/2013	\$9,350.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$56,100.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33162	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-33162	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 721 vehicles covered during 1/1/2013 to 6/30/2013	\$360.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33200** NORCAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33383** FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33383	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-33383	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33391** PROASSURANCE INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,992.83
4/15/2013	\$2,992.83
5/15/2013	\$2,992.83
6/15/2013	\$2,992.83
7/15/2013	\$2,992.83
8/15/2013	\$2,992.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,956.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33391	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-33391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33499** DORINCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$383.65
4/15/2013	\$383.65
5/15/2013	\$383.65
6/15/2013	\$383.65
7/15/2013	\$383.65
8/15/2013	\$383.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,301.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33588** FIRST LIBERTY INSURANCE CORPORATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$29,170.96
4/15/2013	\$29,170.96
5/15/2013	\$29,170.96
6/15/2013	\$29,170.96
7/15/2013	\$29,170.96
8/15/2013	\$29,170.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$175,025.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33588	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-33588	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-33588	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,710 vehicles covered during 7/1/2012 to 12/31/2012	\$855.00
Auto Theft Authority Assessment for 1,417 vehicles covered during 1/1/2013 to 6/30/2013	\$708.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33600** LM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,511.56
4/15/2013	\$20,511.56
5/15/2013	\$20,511.56
6/15/2013	\$20,511.56
7/15/2013	\$20,511.56
8/15/2013	\$20,511.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$123,069.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-33600	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-33600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,067 vehicles covered during 7/1/2012 to 12/31/2012	\$1,533.50
Auto Theft Authority Assessment for 3,120 vehicles covered during 1/1/2013 to 6/30/2013	\$1,560.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33650** MENDOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,328.30
4/15/2013	\$22,328.30
5/15/2013	\$22,328.30
6/15/2013	\$22,328.30
7/15/2013	\$22,328.30
8/15/2013	\$22,328.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$133,969.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33650	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-33650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 11,909 vehicles covered during 7/1/2012 to 12/31/2012	\$5,954.50
Auto Theft Authority Assessment for 16,549 vehicles covered during 1/1/2013 to 6/30/2013	\$8,274.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33715** REPUBLIC CREDIT INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33715	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33715	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33723** GREAT AMERICAN SPIRIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-33723	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-33723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33723	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **33790** RADIAN GUARANTY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$81,072.60
4/15/2013	\$81,072.60
5/15/2013	\$81,072.60
6/15/2013	\$81,072.60
7/15/2013	\$81,072.60
8/15/2013	\$81,072.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$486,435.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33855** LINCOLN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$387.34
4/15/2013	\$387.34
5/15/2013	\$387.34
6/15/2013	\$387.34
7/15/2013	\$387.34
8/15/2013	\$387.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,324.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 270 vehicles covered during 7/1/2012 to 12/31/2012	\$135.00
Auto Theft Authority Assessment for 216 vehicles covered during 1/1/2013 to 6/30/2013	\$108.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33898** AEGIS SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,740.79
4/15/2013	\$4,740.79
5/15/2013	\$4,740.79
6/15/2013	\$4,740.79
7/15/2013	\$4,740.79
8/15/2013	\$4,740.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,444.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-33898	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-33898	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **33944** RADIAN MORTGAGE INSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-33944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **33987** ADM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34002** TRANS CITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,776.40
4/15/2013	\$3,776.40
5/15/2013	\$3,776.40
6/15/2013	\$3,776.40
7/15/2013	\$3,776.40
8/15/2013	\$3,776.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,658.40

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34037** HALLMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$43,099.67
4/15/2013	\$43,099.67
5/15/2013	\$43,099.67
6/15/2013	\$43,099.67
7/15/2013	\$43,099.67
8/15/2013	\$43,099.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$258,598.02

Auto Theft Authority Assessment for 47,119 vehicles covered during 7/1/2012 to 12/31/2012	\$23,559.50
Auto Theft Authority Assessment for 55,987 vehicles covered during 1/1/2013 to 6/30/2013	\$27,993.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 4/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MR	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	\$4,500.00
Annual Statement Filing Fee		\$0.00
TOTAL:		\$4,500.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34274** CENTRAL STATES INDEMNITY CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,207.15
4/15/2013	\$5,207.15
5/15/2013	\$5,207.15
6/15/2013	\$5,207.15
7/15/2013	\$5,207.15
8/15/2013	\$5,207.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$31,242.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34274	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-34274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34312** PRODUCERS AGRICULTURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,083.82
4/15/2013	\$6,083.32
5/15/2013	\$6,083.82
6/15/2013	\$6,083.82
7/15/2013	\$6,083.82
8/15/2013	\$6,083.82
TOTAL INSTALLMENTS PAID IN 2013:	
	\$36,502.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34339** METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$95,823.42
4/15/2013	\$95,823.42
5/15/2013	\$95,823.42
6/15/2013	\$95,823.42
7/15/2013	\$95,823.42
8/15/2013	\$95,823.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$574,940.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-34339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34339	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 22,424 vehicles covered during 7/1/2012 to 12/31/2012	\$11,212.00
Auto Theft Authority Assessment for 21,640 vehicles covered during 1/1/2013 to 6/30/2013	\$10,820.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34347** COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-34347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34460** AUTOONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-34460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34479** MAIDSTONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-34479	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34479	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34495** DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,571.17
4/15/2013	\$13,571.17
5/15/2013	\$13,571.17
6/15/2013	\$13,571.17
7/15/2013	\$13,571.17
8/15/2013	\$13,571.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$81,427.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34495	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34495	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-34495	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34525** FIRST AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34525	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34630** OAK RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34649** CENTRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-34649	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-34649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34690** PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$58,357.46
4/15/2013	\$58,357.46
5/15/2013	\$58,357.46
6/15/2013	\$58,357.46
7/15/2013	\$58,357.46
8/15/2013	\$58,357.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$350,144.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-34690	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-34690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$335.00
Auto Theft Authority Assessment for 722 vehicles covered during 1/1/2013 to 6/30/2013	\$361.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34711** COMPUTER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34738** ARAG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,387.81
4/15/2013	\$1,387.81
5/15/2013	\$1,387.81
6/15/2013	\$1,387.81
7/15/2013	\$1,387.81
8/15/2013	\$1,387.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,326.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34762** SUNZ INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34762	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34762	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **34789** 21ST CENTURY CENTENNIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,462.35
4/15/2013	\$1,462.35
5/15/2013	\$1,462.35
6/15/2013	\$1,462.35
7/15/2013	\$1,462.35
8/15/2013	\$1,462.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,774.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34789	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-34789	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-34789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 534 vehicles covered during 7/1/2012 to 12/31/2012	\$267.00
Auto Theft Authority Assessment for 468 vehicles covered during 1/1/2013 to 6/30/2013	\$234.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34860** INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$908.81
4/15/2013	\$908.81
5/15/2013	\$908.81
6/15/2013	\$908.81
7/15/2013	\$908.81
8/15/2013	\$908.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,452.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34886** AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-34886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-34886	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34894** TRENWICK AMERICA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34894	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34894	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **34924** DAKOTA TRUCK UNDERWRITERS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-34924	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-34924	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35009** FINANCIAL CASUALTY & SURETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35009	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	35157	FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-35157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-35157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-35157	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35181** EXECUTIVE RISK INDEMNITY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,440.42
4/15/2013	\$3,440.42
5/15/2013	\$3,440.42
6/15/2013	\$3,440.42
7/15/2013	\$3,440.42
8/15/2013	\$3,440.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,642.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35246** ILLINOIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35246	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35246	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35289** CONTINENTAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,101.96
4/15/2013	\$12,101.96
5/15/2013	\$12,101.96
6/15/2013	\$12,101.96
7/15/2013	\$12,101.96
8/15/2013	\$12,101.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$72,611.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-35289	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-35289	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-35289	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 990 vehicles covered during 7/1/2012 to 12/31/2012	\$495.00
Auto Theft Authority Assessment for 1,000 vehicles covered during 1/1/2013 to 6/30/2013	\$500.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35300** ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$41,280.28
4/15/2013	\$41,280.28
5/15/2013	\$41,280.28
6/15/2013	\$41,280.28
7/15/2013	\$41,280.28
8/15/2013	\$41,280.28
TOTAL INSTALLMENTS PAID IN 2013:	
	\$247,681.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-35300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-35300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35319** UNITED AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$56,957.08
4/15/2013	\$56,957.08
5/15/2013	\$56,957.08
6/15/2013	\$56,957.08
7/15/2013	\$56,957.08
8/15/2013	\$56,957.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$341,742.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 40,966 vehicles covered during 7/1/2012 to 12/31/2012	\$20,483.00
Auto Theft Authority Assessment for 45,291 vehicles covered during 1/1/2013 to 6/30/2013	\$22,645.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35386** FIDELITY AND GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35386	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35386	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35408** IMPERIUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$332.44
4/15/2013	\$332.44
5/15/2013	\$332.44
6/15/2013	\$332.44
7/15/2013	\$332.44
8/15/2013	\$332.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,994.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-35408	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-35408	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35408	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$10.00
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2013 to 6/30/2013	\$10.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35416** U.S. UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35424** OLD REPUBLIC SECURITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **35483** DAILY UNDERWRITERS OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,034.32
4/15/2013	\$4,034.32
5/15/2013	\$4,034.32
6/15/2013	\$4,034.32
7/15/2013	\$4,034.32
8/15/2013	\$4,034.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,205.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-35483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 173 vehicles covered during 7/1/2012 to 12/31/2012	\$86.50
Auto Theft Authority Assessment for 159 vehicles covered during 1/1/2013 to 6/30/2013	\$79.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35505** ROCKWOOD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35505	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-35505	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **35602** OHIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-35602	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-35602	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-35602	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35769** LYNDON PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,576.67
4/15/2013	\$21,576.67
5/15/2013	\$21,576.67
6/15/2013	\$21,576.67
7/15/2013	\$21,576.67
8/15/2013	\$21,576.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$129,460.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-35769	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-35769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-35769	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35882** GEICO GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$375,412.14
4/15/2013	\$375,412.14
5/15/2013	\$375,412.14
6/15/2013	\$375,412.14
7/15/2013	\$375,412.14
8/15/2013	\$375,412.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,252,472.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-35882	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-35882	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-35882	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 216,501 vehicles covered during 7/1/2012 to 12/31/2012	\$108,250.50
Auto Theft Authority Assessment for 204,821 vehicles covered during 1/1/2013 to 6/30/2013	\$102,410.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **35955** CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF OREGON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,266.53
4/15/2013	\$32,266.53
5/15/2013	\$32,266.53
6/15/2013	\$32,266.53
7/15/2013	\$32,266.53
8/15/2013	\$32,266.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$193,599.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-35955	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-35955	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,932 vehicles covered during 7/1/2012 to 12/31/2012	\$2,966.00
Auto Theft Authority Assessment for 5,346 vehicles covered during 1/1/2013 to 6/30/2013	\$2,673.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36048** UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36048	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36064** HANOVER AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,694.86
4/15/2013	\$3,694.86
5/15/2013	\$3,694.86
6/15/2013	\$3,694.86
7/15/2013	\$3,694.86
8/15/2013	\$3,694.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,169.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36064	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36064	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$9.50
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2013 to 6/30/2013	\$2.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36072** NATIONAL GUARDIAN RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	OT	OTHER

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36137** TRAVELERS COMMERCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,158.07
4/15/2013	\$17,158.07
5/15/2013	\$17,158.07
6/15/2013	\$17,158.07
7/15/2013	\$17,158.07
8/15/2013	\$17,158.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$102,948.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,545 vehicles covered during 7/1/2012 to 12/31/2012	\$2,272.50
Auto Theft Authority Assessment for 4,387 vehicles covered during 1/1/2013 to 6/30/2013	\$2,193.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36145** TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36145	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36145	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36153** AETNA INSURANCE COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,106.06
4/15/2013	\$4,106.06
5/15/2013	\$4,106.06
6/15/2013	\$4,106.06
7/15/2013	\$4,106.06
8/15/2013	\$4,106.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,636.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36153	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36161** TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36170** TRAVELERS CASUALTY COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36170	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36170	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36234** PREFERRED PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$4.00
Auto Theft Authority Assessment for 10 vehicles covered during 1/1/2013 to 6/30/2013	\$5.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36250** RADIANT ASSET ASSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36269** TITAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$351.92
4/15/2013	\$351.92
5/15/2013	\$351.92
6/15/2013	\$355.77
7/15/2013	\$355.77
8/15/2013	\$355.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,123.07

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 136 vehicles covered during 7/1/2012 to 12/31/2012	\$68.00
Auto Theft Authority Assessment for 129 vehicles covered during 1/1/2013 to 6/30/2013	\$64.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36307** GRAY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$322.74
4/15/2013	\$322.74
5/15/2013	\$322.74
6/15/2013	\$322.74
7/15/2013	\$322.74
8/15/2013	\$322.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,936.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36340** CAMICO MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,119.74
4/15/2013	\$3,119.74
5/15/2013	\$3,119.74
6/15/2013	\$3,119.74
7/15/2013	\$3,119.74
8/15/2013	\$3,119.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,718.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36447** LM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$146,128.92
4/15/2013	\$146,128.92
5/15/2013	\$146,128.92
6/15/2013	\$146,128.92
7/15/2013	\$146,128.92
8/15/2013	\$146,128.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$876,773.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-36447	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-36447	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 56,855 vehicles covered during 7/1/2012 to 12/31/2012	\$28,427.50
Auto Theft Authority Assessment for 69,743 vehicles covered during 1/1/2013 to 6/30/2013	\$34,871.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36455** NORTHBROOK INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-36455	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-36455	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36455	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 78 vehicles covered during 7/1/2012 to 12/31/2012	\$39.00
Auto Theft Authority Assessment for 142 vehicles covered during 1/1/2013 to 6/30/2013	\$71.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36463** DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,009.93
4/15/2013	\$3,009.93
5/15/2013	\$3,009.93
6/15/2013	\$3,009.93
7/15/2013	\$3,009.93
8/15/2013	\$3,009.93
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,059.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-36463	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-36463	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36463	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36552** COLISEUM REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36552	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36560** SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-36560	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36560	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36587** 21ST CENTURY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-36587	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-36587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36587	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36650** GUARANTEE COMPANY OF NORTH AMERICA USA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,724.38
4/15/2013	\$2,724.38
5/15/2013	\$2,724.38
6/15/2013	\$2,724.38
7/15/2013	\$2,724.38
8/15/2013	\$2,724.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,346.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36650	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36684** RIVERPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,856.07
4/15/2013	\$3,856.07
5/15/2013	\$3,856.07
6/15/2013	\$3,856.07
7/15/2013	\$3,856.07
8/15/2013	\$3,856.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,136.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36684	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-36684	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-36684	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 428 vehicles covered during 7/1/2012 to 12/31/2012	\$214.00
Auto Theft Authority Assessment for 392 vehicles covered during 1/1/2013 to 6/30/2013	\$196.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36781** JOHN DEERE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36781	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-36781	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-36781	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36790** | SPRINGFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36790	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36897** MANUFACTURERS ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-36897	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-36897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-36897	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **36927** COLONY SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36927	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36927	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **36951** CENTURY SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,575.12
4/15/2013	\$5,575.12
5/15/2013	\$5,575.12
6/15/2013	\$5,575.12
7/15/2013	\$5,575.12
8/15/2013	\$5,575.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,450.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-36951	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-36951	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$16.50
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2013 to 6/30/2013	\$25.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37001** ATX PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37001	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37001	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37060** OLD UNITED CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,156.37
4/15/2013	\$7,156.37
5/15/2013	\$7,156.37
6/15/2013	\$7,156.37
7/15/2013	\$7,156.37
8/15/2013	\$7,156.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$42,938.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37060	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37060	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-37060	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37095** GENWORTH FINANCIAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37095	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37109** LANDCAR CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,954.85
4/15/2013	\$2,954.85
5/15/2013	\$2,954.85
6/15/2013	\$2,954.85
7/15/2013	\$2,954.85
8/15/2013	\$2,954.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,729.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37150** WESTERN HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,664.47
4/15/2013	\$5,664.47
5/15/2013	\$5,664.47
6/15/2013	\$5,664.47
7/15/2013	\$5,664.47
8/15/2013	\$5,664.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,986.82

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37184** DEERFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,873.17
4/15/2013	\$6,873.17
5/15/2013	\$6,873.17
6/15/2013	\$6,873.17
7/15/2013	\$6,873.17
8/15/2013	\$6,873.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$41,239.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37206** CONTRACTORS BONDING AND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,806.02
4/15/2013	\$22,806.02
5/15/2013	\$22,806.02
6/15/2013	\$22,806.02
7/15/2013	\$22,806.02
8/15/2013	\$22,806.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$136,837.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 784 vehicles covered during 7/1/2012 to 12/31/2012	\$392.00
Auto Theft Authority Assessment for 818 vehicles covered during 1/1/2013 to 6/30/2013	\$409.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37214** AMERICAN STATES PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37214	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37214	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37257** PRAETORIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,379.10
4/15/2013	\$25,379.12
5/15/2013	\$25,379.12
6/15/2013	\$25,379.12
7/15/2013	\$25,379.12
8/15/2013	\$25,379.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$152,274.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37257	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-37257	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-37257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 839 vehicles covered during 7/1/2012 to 12/31/2012	\$419.50
Auto Theft Authority Assessment for 2,205 vehicles covered during 1/1/2013 to 6/30/2013	\$1,102.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37273** AXIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,805.99
4/15/2013	\$21,805.99
5/15/2013	\$21,805.99
6/15/2013	\$21,805.99
7/15/2013	\$21,805.99
8/15/2013	\$21,805.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$130,835.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37273	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-37273	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2012 to 12/31/2012	\$12.00
Auto Theft Authority Assessment for 98 vehicles covered during 1/1/2013 to 6/30/2013	\$49.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37478** HARTFORD INSURANCE COMPANY OF THE MIDWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$87,932.30
4/15/2013	\$87,932.30
5/15/2013	\$87,932.30
6/15/2013	\$90,377.54
7/15/2013	\$88,543.61
8/15/2013	\$88,543.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$531,261.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37478	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 19,542 vehicles covered during 7/1/2012 to 12/31/2012	\$9,771.00
Auto Theft Authority Assessment for 17,950 vehicles covered during 1/1/2013 to 6/30/2013	\$8,975.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37540** BEAZLEY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,800.44
4/15/2013	\$4,800.44
5/15/2013	\$4,800.44
6/15/2013	\$4,800.44
7/15/2013	\$4,800.44
8/15/2013	\$4,800.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,802.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-37540	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-37540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37621** TOYOTA MOTOR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,342.89
4/15/2013	\$4,342.89
5/15/2013	\$4,342.89
6/15/2013	\$4,342.89
7/15/2013	\$4,342.89
8/15/2013	\$4,342.89
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,057.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37621	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37648** PERMANENT GENERAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$47,857.08
4/15/2013	\$47,857.08
5/15/2013	\$47,857.08
6/15/2013	\$47,857.08
7/15/2013	\$47,857.08
8/15/2013	\$47,857.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$287,142.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 29,208 vehicles covered during 7/1/2012 to 12/31/2012	\$14,604.00
Auto Theft Authority Assessment for 28,716 vehicles covered during 1/1/2013 to 6/30/2013	\$14,358.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37656** ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37656	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37656	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37710** FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,884.26
4/15/2013	\$24,884.26
5/15/2013	\$24,884.26
6/15/2013	\$24,884.26
7/15/2013	\$24,884.26
8/15/2013	\$24,884.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$149,305.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37710	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$5.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37770** WESTERN UNITED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$250,170.12
4/15/2013	\$250,170.12
5/15/2013	\$250,170.12
6/15/2013	\$250,170.12
7/15/2013	\$250,170.12
8/15/2013	\$250,170.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,501,020.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37770	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 105,932 vehicles covered during 7/1/2012 to 12/31/2012	\$52,966.00
Auto Theft Authority Assessment for 108,831 vehicles covered during 1/1/2013 to 6/30/2013	\$54,415.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37800** LEADING INSURANCE GROUP INSURANCE CO., LTD.(U.S.BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37834** PROGRESSIVE PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$491,122.89
4/15/2013	\$491,122.89
5/15/2013	\$491,122.89
6/15/2013	\$491,122.89
7/15/2013	\$491,122.89
8/15/2013	\$491,122.89
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,946,737.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37834	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37834	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 201,721 vehicles covered during 7/1/2012 to 12/31/2012	\$100,860.50
Auto Theft Authority Assessment for 194,215 vehicles covered during 1/1/2013 to 6/30/2013	\$97,107.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37850** PACIFIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$31,219.05
4/15/2013	\$31,219.08
5/15/2013	\$31,219.08
6/15/2013	\$31,219.08
7/15/2013	\$31,219.08
8/15/2013	\$31,219.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$187,314.45

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37850	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$1,486.00
Auto Theft Authority Assessment for 2,645 vehicles covered during 1/1/2013 to 6/30/2013	\$1,322.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37869** PRE-PAID LEGAL CASUALTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,561.00
4/15/2013	\$27,561.00
5/15/2013	\$27,561.00
6/15/2013	\$27,561.00
7/15/2013	\$27,561.00
8/15/2013	\$27,561.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$165,366.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37869	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37877** NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-37877	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-37877	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37877	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37885** XL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$35,457.30
4/15/2013	\$37,584.74
5/15/2013	\$35,457.30
6/15/2013	\$35,457.30
7/15/2013	\$35,457.30
8/15/2013	\$35,457.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$214,871.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 96 vehicles covered during 7/1/2012 to 12/31/2012	\$48.00
Auto Theft Authority Assessment for 109 vehicles covered during 1/1/2013 to 6/30/2013	\$54.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37907** ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,286.45
4/15/2013	\$14,286.45
5/15/2013	\$14,286.45
6/15/2013	\$14,286.45
7/15/2013	\$14,286.45
8/15/2013	\$14,286.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$85,718.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37907	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-37907	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-37907	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$14.00
Auto Theft Authority Assessment for 24 vehicles covered during 1/1/2013 to 6/30/2013	\$12.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **37915** ESSENTIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,159.02
4/15/2013	\$18,195.67
5/15/2013	\$18,159.02
6/15/2013	\$18,159.02
7/15/2013	\$18,159.02
8/15/2013	\$18,159.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$108,990.77

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 22,144 vehicles covered during 7/1/2012 to 12/31/2012	\$11,072.00
Auto Theft Authority Assessment for 33,031 vehicles covered during 1/1/2013 to 6/30/2013	\$16,515.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37923** SEAWORTHY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$996.46
4/15/2013	\$996.46
5/15/2013	\$996.46
6/15/2013	\$996.46
7/15/2013	\$996.46
8/15/2013	\$996.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,978.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37923	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37923	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37931** AMERICAN FARMERS & RANCHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-37931	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-37931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37931	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37940** LEXINGTON NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,349.68
4/15/2013	\$2,349.68
5/15/2013	\$2,349.68
6/15/2013	\$2,349.68
7/15/2013	\$2,349.68
8/15/2013	\$2,439.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,188.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37940	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37958** ACCEPTANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-37958	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-37958	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **37990** AMERICAN EMPIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-37990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-37990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38067** ECONOMY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,100.09
4/15/2013	\$17,100.09
5/15/2013	\$17,100.09
6/15/2013	\$17,100.09
7/15/2013	\$17,100.09
8/15/2013	\$17,100.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$102,600.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38067	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38067	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,242 vehicles covered during 7/1/2012 to 12/31/2012	\$2,121.00
Auto Theft Authority Assessment for 4,865 vehicles covered during 1/1/2013 to 6/30/2013	\$2,432.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38130** TRAVELERS PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38148** LANCER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38148	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-38148	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-38148	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38156** ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,440.90
4/15/2013	\$22,440.90
5/15/2013	\$22,440.90
6/15/2013	\$22,440.90
7/15/2013	\$22,440.90
8/15/2013	\$22,440.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$134,645.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38156	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38156	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 10,126 vehicles covered during 7/1/2012 to 12/31/2012	\$5,063.00
Auto Theft Authority Assessment for 8,350 vehicles covered during 1/1/2013 to 6/30/2013	\$4,175.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **38245** BCS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,489.70
4/15/2013	\$11,489.67
5/15/2013	\$11,489.67
6/15/2013	\$11,489.67
7/15/2013	\$11,489.67
8/15/2013	\$11,489.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$68,938.05

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-38245	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-38245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38245	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38300** SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 15 vehicles covered during 1/1/2013 to 6/30/2013	\$7.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38318** STARR INDEMNITY & LIABILITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,624.07
4/15/2013	\$28,624.07
5/15/2013	\$28,624.07
6/15/2013	\$28,624.07
7/15/2013	\$28,624.07
8/15/2013	\$28,624.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$171,744.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38318	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-38318	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 639 vehicles covered during 7/1/2012 to 12/31/2012	\$319.50
Auto Theft Authority Assessment for 485 vehicles covered during 1/1/2013 to 6/30/2013	\$242.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38458** GENWORTH MORTGAGE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$45,200.55
4/15/2013	\$45,200.55
5/15/2013	\$45,200.55
6/15/2013	\$45,200.55
7/15/2013	\$45,200.55
8/15/2013	\$45,200.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$271,203.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38458	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38466** EVERGREEN USA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00
Auto Theft Authority Assessment for 9 vehicles covered during 7/1/2012 to 12/31/2012	\$4.50
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2013 to 6/30/2013	\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38490** ARIZONA HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,588.95
4/15/2013	\$16,588.95
5/15/2013	\$16,588.95
6/15/2013	\$16,588.95
7/15/2013	\$16,588.95
8/15/2013	\$16,588.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$99,533.70

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38512** RAMPART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38512	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38601** MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,726.80
4/15/2013	\$1,726.80
5/15/2013	\$1,726.80
6/15/2013	\$1,726.80
7/15/2013	\$1,726.80
8/15/2013	\$1,726.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,360.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38601	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38601	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38628** PROGRESSIVE NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-38628	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38628	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38636** PARTNER REINSURANCE COMPANY OF THE U.S.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38636	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-38636	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-38636	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38652** AMERICAN MODERN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$38,241.04
4/15/2013	\$38,241.04
5/15/2013	\$38,241.04
6/15/2013	\$38,241.04
7/15/2013	\$38,241.04
8/15/2013	\$38,241.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$229,446.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-38652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,052 vehicles covered during 7/1/2012 to 12/31/2012	\$526.00
Auto Theft Authority Assessment for 1,069 vehicles covered during 1/1/2013 to 6/30/2013	\$534.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38660** MIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,461.19
4/15/2013	\$1,461.19
5/15/2013	\$1,461.19
6/15/2013	\$1,461.19
7/15/2013	\$1,461.19
8/15/2013	\$1,461.19
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,767.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-38660	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-38660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$223.50
Auto Theft Authority Assessment for 258 vehicles covered during 1/1/2013 to 6/30/2013	\$129.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38733** ALASKA NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$394.33
4/15/2013	\$394.33
5/15/2013	\$394.33
6/15/2013	\$394.33
7/15/2013	\$394.33
8/15/2013	\$394.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,365.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-38733	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38733	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$74.00
Auto Theft Authority Assessment for 74 vehicles covered during 1/1/2013 to 6/30/2013	\$37.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38776** SIRIUS AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-38776	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-38776	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-38776	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38865** CALIFORNIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-38865	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-38865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38873** INFINITY SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **38911** BERKLEY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-38911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-38911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-38911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 1/1/2013 to 6/30/2013	\$0.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38962** GENESIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$826.50
4/15/2013	\$826.50
5/15/2013	\$826.50
6/15/2013	\$826.50
7/15/2013	\$826.50
8/15/2013	\$826.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,959.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-38962	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-38962	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-38962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **38970** MARKEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,174.69
4/15/2013	\$11,174.69
5/15/2013	\$11,174.69
6/15/2013	\$11,174.69
7/15/2013	\$11,174.69
8/15/2013	\$11,174.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$67,048.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-38970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-38970	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-38970	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 220 vehicles covered during 7/1/2012 to 12/31/2012	\$110.00
Auto Theft Authority Assessment for 508 vehicles covered during 1/1/2013 to 6/30/2013	\$254.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **39012** SAFECO INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,682.19
4/15/2013	\$3,682.19
5/15/2013	\$3,682.19
6/15/2013	\$3,682.19
7/15/2013	\$3,682.19
8/15/2013	\$3,682.19
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,093.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-39012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-39012	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 4,035 vehicles covered during 7/1/2012 to 12/31/2012	\$2,017.50
Auto Theft Authority Assessment for 4,967 vehicles covered during 1/1/2013 to 6/30/2013	\$2,483.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39039** RURAL COMMUNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39098** OMNI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39098	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$16.00
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2013 to 6/30/2013	\$12.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39152** AMERICAN HEALTHCARE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39152	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **39217** QBE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$59,855.97
4/15/2013	\$59,855.97
5/15/2013	\$59,855.97
6/15/2013	\$59,855.97
7/15/2013	\$59,855.97
8/15/2013	\$59,855.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$359,135.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-39217	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-39217	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,414 vehicles covered during 7/1/2012 to 12/31/2012	\$707.00
Auto Theft Authority Assessment for 1,189 vehicles covered during 1/1/2013 to 6/30/2013	\$594.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **39306** FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,159.79
4/15/2013	\$27,159.79
5/15/2013	\$27,159.79
6/15/2013	\$27,159.79
7/15/2013	\$27,159.79
8/15/2013	\$27,159.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$162,958.73

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39306	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39322** GENERAL SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-39322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-39322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-39322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39527** HERITAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,644.27
4/15/2013	\$2,644.27
5/15/2013	\$2,644.27
6/15/2013	\$2,644.27
7/15/2013	\$2,644.27
8/15/2013	\$2,644.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,865.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-39527	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-39527	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39551** CONTINENTAL HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39608** NUTMEG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-39608	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-39608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39616** VISION SERVICE PLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$70,636.75
4/15/2013	\$70,636.75
5/15/2013	\$70,636.75
6/15/2013	\$70,636.75
7/15/2013	\$70,636.75
8/15/2013	\$70,636.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$423,820.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39616	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-39616	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **39675** EXCALIBUR REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39845** WESTPORT INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,308.80
4/15/2013	\$20,308.80
5/15/2013	\$20,308.80
6/15/2013	\$20,308.80
7/15/2013	\$20,308.80
8/15/2013	\$20,308.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$121,852.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39845	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39845	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-39845	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39861** GOLDEN BEAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-39861	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-39861	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **39942** AMERICAN NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,961.17
4/15/2013	\$10,961.17
5/15/2013	\$10,961.17
6/15/2013	\$10,961.17
7/15/2013	\$10,961.17
8/15/2013	\$10,961.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$65,767.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-39942	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-39942	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,490 vehicles covered during 7/1/2012 to 12/31/2012	\$1,745.00
Auto Theft Authority Assessment for 2,351 vehicles covered during 1/1/2013 to 6/30/2013	\$1,175.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **39950** METROPOLITAN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$683.29
4/15/2013	\$683.29
5/15/2013	\$683.29
6/15/2013	\$683.29
7/15/2013	\$683.29
8/15/2013	\$683.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,099.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39950	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 195 vehicles covered during 7/1/2012 to 12/31/2012	\$97.50
Auto Theft Authority Assessment for 189 vehicles covered during 1/1/2013 to 6/30/2013	\$94.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **39969** AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,227.52
4/15/2013	\$2,227.52
5/15/2013	\$2,227.52
6/15/2013	\$2,227.52
7/15/2013	\$2,227.52
8/15/2013	\$2,227.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,365.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-39969	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-39969	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40010** ANCHOR GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,767.00
4/15/2013	\$4,767.00
5/15/2013	\$4,767.00
6/15/2013	\$4,767.00
7/15/2013	\$4,767.00
8/15/2013	\$4,767.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,602.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40010	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 5,399 vehicles covered during 7/1/2012 to 12/31/2012	\$2,699.50
Auto Theft Authority Assessment for 6,228 vehicles covered during 1/1/2013 to 6/30/2013	\$3,114.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40029** EXPLORER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-40029	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-40029	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40029	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40045** STARNET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,634.60
4/15/2013	\$14,634.60
5/15/2013	\$14,634.60
6/15/2013	\$14,634.60
7/15/2013	\$14,634.60
8/15/2013	\$14,634.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$87,807.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-40045	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-40045	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40045	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 222 vehicles covered during 7/1/2012 to 12/31/2012	\$111.00
Auto Theft Authority Assessment for 264 vehicles covered during 1/1/2013 to 6/30/2013	\$132.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40134** CASTLEPOINT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40134	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,266 vehicles covered during 7/1/2012 to 12/31/2012	\$633.00
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2013 to 6/30/2013	\$2.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40142** AMERICAN ZURICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,011.81
4/15/2013	\$8,011.81
5/15/2013	\$8,011.81
6/15/2013	\$8,011.81
7/15/2013	\$8,011.81
8/15/2013	\$8,011.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$48,070.85

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40142	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-40142	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 565 vehicles covered during 7/1/2012 to 12/31/2012	\$282.50
Auto Theft Authority Assessment for 323 vehicles covered during 1/1/2013 to 6/30/2013	\$161.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40150** MGA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$60,741.72
4/15/2013	\$60,741.72
5/15/2013	\$60,741.72
6/15/2013	\$60,741.72
7/15/2013	\$60,741.72
8/15/2013	\$60,741.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$364,450.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40150	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 47,271 vehicles covered during 7/1/2012 to 12/31/2012	\$23,635.50
Auto Theft Authority Assessment for 36,876 vehicles covered during 1/1/2013 to 6/30/2013	\$18,438.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40169** METROPOLITAN CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$103,940.83
4/15/2013	\$103,940.83
5/15/2013	\$103,940.83
6/15/2013	\$103,940.83
7/15/2013	\$103,940.83
8/15/2013	\$103,940.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$623,644.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40169	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40169	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 22,604 vehicles covered during 7/1/2012 to 12/31/2012	\$11,302.00
Auto Theft Authority Assessment for 20,471 vehicles covered during 1/1/2013 to 6/30/2013	\$10,235.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40193** XL INSURANCE COMPANY OF NEW YORK, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40193	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40193	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40258** AIG ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40266** CMG MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,562.16
4/15/2013	\$2,562.16
5/15/2013	\$2,562.16
6/15/2013	\$2,562.16
7/15/2013	\$2,562.16
8/15/2013	\$2,562.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,372.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40266	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40282** TRAVELERS COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40282	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-40282	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-40282	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40312** PIONEER SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40312	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40371** COLUMBIA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40398** AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40398	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40398	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-40398	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40436** STRATFORD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40436	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40436	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40444** OLD REPUBLIC SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,963.15
4/15/2013	\$1,963.15
5/15/2013	\$1,963.15
6/15/2013	\$1,963.15
7/15/2013	\$1,963.15
8/15/2013	\$1,963.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,778.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40460** SAGAMORE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-40460	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-40460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40479** REPUBLIC-VANGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40517** ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40517	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40517	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40525** UNITED GUARANTY CREDIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40649** ECONOMY PREMIER ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,972.00
4/15/2013	\$3,972.00
5/15/2013	\$3,972.00
6/15/2013	\$3,972.00
7/15/2013	\$3,972.00
8/15/2013	\$3,972.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,832.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 248 vehicles covered during 7/1/2012 to 12/31/2012	\$124.00
Auto Theft Authority Assessment for 215 vehicles covered during 1/1/2013 to 6/30/2013	\$107.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40703** UNITRIN SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40789** AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40789	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **40827** VIRGINIA SURETY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,187.09
4/15/2013	\$3,187.09
5/15/2013	\$3,187.09
6/15/2013	\$3,187.09
7/15/2013	\$3,187.09
8/15/2013	\$3,187.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,122.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-40827	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-40827	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40827	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40843** UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,635.35
4/15/2013	\$5,635.35
5/15/2013	\$5,635.35
6/15/2013	\$5,635.35
7/15/2013	\$5,635.35
8/15/2013	\$5,635.35
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,812.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-40843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-40843	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 359 vehicles covered during 7/1/2012 to 12/31/2012	\$179.50
Auto Theft Authority Assessment for 170 vehicles covered during 1/1/2013 to 6/30/2013	\$85.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **40940** WESTERN PACIFIC MUTUAL INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **40975** DENTISTS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,769.81
4/15/2013	\$1,769.81
5/15/2013	\$1,769.81
6/15/2013	\$1,769.81
7/15/2013	\$1,769.81
8/15/2013	\$1,769.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,618.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-40975	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-40975	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41050** UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41106** TRIUMPHE CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$927.64
4/15/2013	\$927.64
5/15/2013	\$927.64
6/15/2013	\$927.64
7/15/2013	\$927.64
8/15/2013	\$927.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,565.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41106	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41106	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 363 vehicles covered during 7/1/2012 to 12/31/2012	\$181.50
Auto Theft Authority Assessment for 263 vehicles covered during 1/1/2013 to 6/30/2013	\$131.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41181** UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$30,539.66
4/15/2013	\$30,539.66
5/15/2013	\$30,539.66
6/15/2013	\$30,539.66
7/15/2013	\$30,539.66
8/15/2013	\$30,539.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$183,237.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-41181	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-41181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,451 vehicles covered during 7/1/2012 to 12/31/2012	\$725.50
Auto Theft Authority Assessment for 476 vehicles covered during 1/1/2013 to 6/30/2013	\$238.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41211** TRITON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,776.21
4/15/2013	\$2,776.21
5/15/2013	\$2,776.21
6/15/2013	\$2,776.21
7/15/2013	\$2,776.21
8/15/2013	\$2,776.21
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,657.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41211	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-41211	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-41211	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 130 vehicles covered during 7/1/2012 to 12/31/2012	\$65.00
Auto Theft Authority Assessment for 77 vehicles covered during 1/1/2013 to 6/30/2013	\$38.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41238** TRANS PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41238	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **41297** SCOTTSDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$34,255.79
4/15/2013	\$34,255.79
5/15/2013	\$34,255.79
6/15/2013	\$34,255.79
7/15/2013	\$34,255.79
8/15/2013	\$34,255.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$205,534.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41297	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,360 vehicles covered during 7/1/2012 to 12/31/2012	\$680.00
Auto Theft Authority Assessment for 1,508 vehicles covered during 1/1/2013 to 6/30/2013	\$754.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41335** UNITED NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41335	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41335	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41343** HDI-GERLING AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,521.10
4/15/2013	\$2,521.10
5/15/2013	\$2,521.10
6/15/2013	\$2,521.10
7/15/2013	\$2,521.10
8/15/2013	\$2,521.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,126.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41343	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41343	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-41343	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41394** BENCHMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$691.13
4/15/2013	\$691.13
5/15/2013	\$691.13
6/15/2013	\$691.13
7/15/2013	\$691.13
8/15/2013	\$691.13
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,146.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-41394	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-41394	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41394	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41424** PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-41424	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-41424	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$0.50
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2013 to 6/30/2013	\$1.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41432** GENWORTH HOME EQUITY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41432	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41459** ARMED FORCES INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,615.37
4/15/2013	\$4,615.37
5/15/2013	\$4,615.37
6/15/2013	\$4,615.37
7/15/2013	\$4,615.37
8/15/2013	\$4,615.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,692.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41483** FARMINGTON CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-41483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-41483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41491** GEICO CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$382,687.71
4/15/2013	\$382,687.71
5/15/2013	\$382,687.71
6/15/2013	\$382,687.71
7/15/2013	\$382,687.71
8/15/2013	\$382,687.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,296,126.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41491	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 165,039 vehicles covered during 7/1/2012 to 12/31/2012	\$82,519.50
Auto Theft Authority Assessment for 221,332 vehicles covered during 1/1/2013 to 6/30/2013	\$110,666.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41513** FOREMOST SIGNATURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41513	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-41513	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41580** RED SHIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41629** NEW ENGLAND REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41629	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41629	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41653** MILBANK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$40,936.20
4/15/2013	\$40,936.20
5/15/2013	\$40,936.20
6/15/2013	\$40,936.20
7/15/2013	\$40,936.20
8/15/2013	\$40,936.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$245,617.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41653	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41653	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-41653	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 10,238 vehicles covered during 7/1/2012 to 12/31/2012	\$5,119.00
Auto Theft Authority Assessment for 12,546 vehicles covered during 1/1/2013 to 6/30/2013	\$6,273.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41750** TRAVELERS CONSTITUTION STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41750	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **41769** TRAVELERS CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41769	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41785** COLORADO CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,598.79
4/15/2013	\$19,598.79
5/15/2013	\$19,598.79
6/15/2013	\$19,598.79
7/15/2013	\$19,598.79
8/15/2013	\$19,598.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$117,592.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41785	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-41785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,090 vehicles covered during 7/1/2012 to 12/31/2012	\$545.00
Auto Theft Authority Assessment for 899 vehicles covered during 1/1/2013 to 6/30/2013	\$449.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41840** ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,566.06
4/15/2013	\$9,566.06
5/15/2013	\$9,566.06
6/15/2013	\$9,566.06
7/15/2013	\$9,566.06
8/15/2013	\$9,566.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$57,396.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-41840	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-41840	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-41840	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,063 vehicles covered during 7/1/2012 to 12/31/2012	\$531.50
Auto Theft Authority Assessment for 1,894 vehicles covered during 1/1/2013 to 6/30/2013	\$947.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **41998** AMERICAN SOUTHERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$994.31
4/15/2013	\$994.31
5/15/2013	\$994.31
6/15/2013	\$994.31
7/15/2013	\$994.31
8/15/2013	\$994.31
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,965.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-41998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-41998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2012 to 12/31/2012	\$6.00
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2013 to 6/30/2013	\$10.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42048** DIAMOND STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,196.99
4/15/2013	\$3,196.99
5/15/2013	\$3,196.99
6/15/2013	\$3,196.99
7/15/2013	\$3,196.99
8/15/2013	\$3,196.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,181.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-42048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-42048	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-42048	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 100 vehicles covered during 7/1/2012 to 12/31/2012	\$50.00
Auto Theft Authority Assessment for 89 vehicles covered during 1/1/2013 to 6/30/2013	\$44.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42129** UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-42129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-42129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42226** PRINCETON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-42226	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-42226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-42226	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42234** MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42242** CITATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42269** MAJESTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42307** NAVIGATORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,307.68
4/15/2013	\$23,307.68
5/15/2013	\$23,307.68
6/15/2013	\$23,307.68
7/15/2013	\$23,307.68
8/15/2013	\$23,307.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$139,846.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-42307	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 64 vehicles covered during 1/1/2013 to 6/30/2013	\$32.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42331** GUIDEONE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$467.76
4/15/2013	\$467.76
5/15/2013	\$467.76
6/15/2013	\$467.76
7/15/2013	\$467.76
8/15/2013	\$467.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,806.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42376** TECHNOLOGY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,415.70
4/15/2013	\$1,415.70
5/15/2013	\$1,415.70
6/15/2013	\$1,415.70
7/15/2013	\$1,415.70
8/15/2013	\$1,415.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,494.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42376	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2012 to 12/31/2012	\$24.50
Auto Theft Authority Assessment for 86 vehicles covered during 1/1/2013 to 6/30/2013	\$43.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42390** AMGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42390	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-42390	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-42390	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **42404** LIBERTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$75,838.34
4/15/2013	\$75,838.34
5/15/2013	\$75,838.34
6/15/2013	\$75,838.34
7/15/2013	\$75,838.34
8/15/2013	\$75,838.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$455,030.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42404	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42404	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 652 vehicles covered during 7/1/2012 to 12/31/2012	\$326.00
Auto Theft Authority Assessment for 520 vehicles covered during 1/1/2013 to 6/30/2013	\$260.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42439** TOA REINSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42439	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42439	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42447** NATIONAL GENERAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,683.42
4/15/2013	\$28,683.42
5/15/2013	\$28,683.42
6/15/2013	\$28,683.42
7/15/2013	\$28,683.42
8/15/2013	\$28,683.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$172,100.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42447	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 23,991 vehicles covered during 7/1/2012 to 12/31/2012	\$11,995.50
Auto Theft Authority Assessment for 32,025 vehicles covered during 1/1/2013 to 6/30/2013	\$16,012.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42552** NOVA CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,919.12
4/15/2013	\$10,919.12
5/15/2013	\$10,919.12
6/15/2013	\$10,919.12
7/15/2013	\$10,919.12
8/15/2013	\$10,919.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$65,514.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42552	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-42552	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-42552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 523 vehicles covered during 7/1/2012 to 12/31/2012	\$261.50
Auto Theft Authority Assessment for 212 vehicles covered during 1/1/2013 to 6/30/2013	\$106.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42579** ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,679.03
4/15/2013	\$10,679.03
5/15/2013	\$10,679.03
6/15/2013	\$10,679.03
7/15/2013	\$10,679.03
8/15/2013	\$10,679.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$64,074.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42579	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42579	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,519 vehicles covered during 7/1/2012 to 12/31/2012	\$759.50
Auto Theft Authority Assessment for 679 vehicles covered during 1/1/2013 to 6/30/2013	\$339.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42587** DEPOSITORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$65,047.37
4/15/2013	\$65,047.37
5/15/2013	\$65,047.37
6/15/2013	\$65,047.37
7/15/2013	\$65,047.37
8/15/2013	\$65,047.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$390,284.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42587	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 14,915 vehicles covered during 7/1/2012 to 12/31/2012	\$7,457.50
Auto Theft Authority Assessment for 16,511 vehicles covered during 1/1/2013 to 6/30/2013	\$8,255.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **42609** AFFIRMATIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42609	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42609	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 70 vehicles covered during 7/1/2012 to 12/31/2012	\$35.00
Auto Theft Authority Assessment for 64 vehicles covered during 1/1/2013 to 6/30/2013	\$32.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42668** VESTA INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42706** ROCHE SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$335.25
4/15/2013	\$335.25
5/15/2013	\$335.25
6/15/2013	\$335.25
7/15/2013	\$335.25
8/15/2013	\$335.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,011.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42706	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42749** TRADERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42749	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42757** AGRI GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$955.75
4/15/2013	\$955.75
5/15/2013	\$955.75
6/15/2013	\$955.75
7/15/2013	\$955.75
8/15/2013	\$955.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,734.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42757	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42757	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42765** CENTURION CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42765	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42765	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-42765	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42803** GUIDEONE ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,605.00
4/15/2013	\$1,605.00
5/15/2013	\$1,605.00
6/15/2013	\$1,605.00
7/15/2013	\$1,605.00
8/15/2013	\$1,605.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,630.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42803	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42803	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, 2013

NAIC / Name **42862** UNIVERSAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$785.12
4/15/2013	\$785.12
5/15/2013	\$785.12
6/15/2013	\$785.12
7/15/2013	\$785.12
8/15/2013	\$785.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,710.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42862	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42862	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-42862	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$322.50
Auto Theft Authority Assessment for 550 vehicles covered during 1/1/2013 to 6/30/2013	\$275.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42870** HEARTLAND INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	42889	VICTORIA FIRE & CASUALTY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42889	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42889	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$27.00
Auto Theft Authority Assessment for 53 vehicles covered during 1/1/2013 to 6/30/2013	\$26.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42897** AMERICAN SERVICE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$610.87
4/15/2013	\$610.87
5/15/2013	\$610.87
6/15/2013	\$610.87
7/15/2013	\$610.87
8/15/2013	\$610.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,665.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42897	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2012 to 12/31/2012	\$23.50
Auto Theft Authority Assessment for 250 vehicles covered during 1/1/2013 to 6/30/2013	\$125.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42919** PROGRESSIVE NORTHWESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,821.47
4/15/2013	\$9,821.47
5/15/2013	\$9,821.47
6/15/2013	\$9,821.47
7/15/2013	\$9,821.47
8/15/2013	\$9,821.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$58,928.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42919	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 3,526 vehicles covered during 7/1/2012 to 12/31/2012	\$1,763.00
Auto Theft Authority Assessment for 3,247 vehicles covered during 1/1/2013 to 6/30/2013	\$1,623.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **42978** AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$65,127.37
4/15/2013	\$65,127.31
5/15/2013	\$65,127.37
6/15/2013	\$65,127.37
7/15/2013	\$65,127.37
8/15/2013	\$65,127.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$390,764.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-42978	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-42978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **42986** STANDARD GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$26,575.56
4/15/2013	\$26,575.56
5/15/2013	\$26,575.56
6/15/2013	\$26,575.56
7/15/2013	\$26,575.56
8/15/2013	\$26,575.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$159,453.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42986	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-42986	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **42994** PROGRESSIVE CLASSIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-42994	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-42994	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$28.00
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2013 to 6/30/2013	\$28.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **43044** RESPONSE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-43044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-43044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: 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 7/1/2012 to 12/31/2012	\$63.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43117** AMERICAN EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **43460** ASPEN AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,657.78
4/15/2013	\$1,657.78
5/15/2013	\$1,657.78
6/15/2013	\$1,657.78
7/15/2013	\$1,657.78
8/15/2013	\$1,657.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,946.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-43460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-43460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43494** AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,767.47
4/15/2013	\$1,767.47
5/15/2013	\$1,767.47
6/15/2013	\$1,767.47
7/15/2013	\$1,767.47
8/15/2013	\$1,767.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,604.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-43494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-43494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 315 vehicles covered during 7/1/2012 to 12/31/2012	\$157.50
Auto Theft Authority Assessment for 166 vehicles covered during 1/1/2013 to 6/30/2013	\$83.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43575** INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,352.56
4/15/2013	\$2,352.56
5/15/2013	\$2,352.56
6/15/2013	\$2,352.56
7/15/2013	\$2,352.56
8/15/2013	\$2,352.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,115.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-43575	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA14-43575	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-43575	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 106 vehicles covered during 7/1/2012 to 12/31/2012	\$53.00
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2013 to 6/30/2013	\$29.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **43699** FARMERS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-43699	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-43699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **43702** TOWER NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,892.10
4/15/2013	\$1,892.10
5/15/2013	\$1,892.10
6/15/2013	\$1,892.10
7/15/2013	\$1,892.10
8/15/2013	\$1,892.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,352.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-43702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP14-43702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **43753** REPUBLIC INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-43753	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-43753	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43770** CLINIC MUTUAL INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43915** RAINIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **43974** 21ST CENTURY INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,365.62
4/15/2013	\$2,365.62
5/15/2013	\$2,365.62
6/15/2013	\$2,365.62
7/15/2013	\$2,365.62
8/15/2013	\$2,365.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,193.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-43974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-43974	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
MAP14-43974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 835 vehicles covered during 7/1/2012 to 12/31/2012	\$417.50
Auto Theft Authority Assessment for 746 vehicles covered during 1/1/2013 to 6/30/2013	\$373.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44016** NATIONAL HOME INS. CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44075** STATES SELF-INSURERS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **44083** PREFERRED PHYSICIANS MEDICAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,867.26
4/15/2013	\$22,867.26
5/15/2013	\$22,867.26
6/15/2013	\$22,867.26
7/15/2013	\$22,867.26
8/15/2013	\$22,867.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$137,203.56

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **44105** OPTHALMIC MUTUAL INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,884.03
4/15/2013	\$4,884.03
5/15/2013	\$4,884.03
6/15/2013	\$4,884.03
7/15/2013	\$4,884.03
8/15/2013	\$4,884.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,304.18

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **44121** OMS NATIONAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,744.91
4/15/2013	\$3,744.91
5/15/2013	\$3,744.91
6/15/2013	\$3,744.91
7/15/2013	\$3,744.91
8/15/2013	\$3,744.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,469.46

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44130** PARATRANSIT INSURANCE COMPANY, A MUTUAL RISK RETENTION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44148** ARCHITECTS & ENGINEERS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **44237** MENTAL HEALTH RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	\$0.00
Annual Statement Filing Fee (Form E-TAX, line 6)	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,011.23
4/15/2013	\$1,011.23
5/15/2013	\$1,011.23
6/15/2013	\$1,011.23
7/15/2013	\$1,011.23
8/15/2013	\$1,011.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,067.38

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44300** TOWER INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,878.39
4/15/2013	\$5,878.39
5/15/2013	\$5,878.39
6/15/2013	\$5,878.39
7/15/2013	\$5,878.39
8/15/2013	\$5,878.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$35,270.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-44300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-44300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 326 vehicles covered during 7/1/2012 to 12/31/2012	\$163.00
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2013 to 6/30/2013	\$27.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **44318** ADMIRAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-44318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-44318	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44369** IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,817.86
4/15/2013	\$1,817.86
5/15/2013	\$1,817.86
6/15/2013	\$1,817.86
7/15/2013	\$1,817.56
8/15/2013	\$1,817.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,906.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-44369	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-44369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,370 vehicles covered during 7/1/2012 to 12/31/2012	\$685.00
Auto Theft Authority Assessment for 326 vehicles covered during 1/1/2013 to 6/30/2013	\$163.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44393** WEST AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,456.78
4/15/2013	\$5,456.78
5/15/2013	\$5,456.78
6/15/2013	\$5,456.78
7/15/2013	\$5,456.78
8/15/2013	\$5,456.78
TOTAL INSTALLMENTS PAID IN 2013:	
	\$32,740.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-44393	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-44393	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 909 vehicles covered during 7/1/2012 to 12/31/2012	\$454.50
Auto Theft Authority Assessment for 691 vehicles covered during 1/1/2013 to 6/30/2013	\$345.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44520** CRUM & FORSTER SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **44695** PROGRESSIVE PALOVERDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,647.44
4/15/2013	\$3,647.44
5/15/2013	\$3,647.44
6/15/2013	\$3,647.44
7/15/2013	\$3,647.44
8/15/2013	\$3,647.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,884.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-44695	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-44695	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00
Auto Theft Authority Assessment for 1,292 vehicles covered during 7/1/2012 to 12/31/2012	\$646.00
Auto Theft Authority Assessment for 1,204 vehicles covered during 1/1/2013 to 6/30/2013	\$602.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **45934** AMERICAN COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
MAP14-45934	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA14-45934	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **47012** SIGHTCARE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2008

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 55:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,764.98
4/15/2013	\$4,764.98
5/15/2013	\$4,764.98
6/15/2013	\$4,764.98
7/15/2013	\$4,764.98
8/15/2013	\$4,764.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,589.88

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **47013** CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$42,146.70
4/15/2013	\$42,146.70
5/15/2013	\$42,146.70
6/15/2013	\$42,146.70
7/15/2013	\$42,146.70
8/15/2013	\$42,146.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$252,880.20

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **47708** UNITED DENTAL CARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,221.80
4/15/2013	\$14,221.80
5/15/2013	\$14,221.80
6/15/2013	\$14,221.80
7/15/2013	\$14,221.80
8/15/2013	\$14,221.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$85,330.80

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50016** TITLE RESOURCES GUARANTY COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50016	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50020** DAKOTA HOMESTEAD TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **50026** PREMIER LAND TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50026	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	50050	WESTCOR LAND TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **50083** COMMONWEALTH LAND TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50083	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50121** STEWART TITLE GUARANTY COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50121	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50130** NORTH AMERICAN TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50229** CHICAGO TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50229	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50369** INVESTORS TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50440** REAL ADVANTAGE TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	50520	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50520	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **50814** FIRST AMERICAN TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-50814	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51020** NATIONAL TITLE INSURANCE OF NEW YORK INC.

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51152** WFG NATIONAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51411** AMERICAN GUARANTY TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51411	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51586** FIDELITY NATIONAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51586	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51624** UNITED GENERAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51624	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **51632** ENTITLED INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-51632	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **52120** TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,561.52
4/15/2013	\$21,561.52
5/15/2013	\$21,561.52
6/15/2013	\$21,561.52
7/15/2013	\$21,561.52
8/15/2013	\$21,561.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$129,369.12

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **53090** EMPLOYERS DENTAL SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$34,820.49
4/15/2013	\$34,820.49
5/15/2013	\$34,820.49
6/15/2013	\$34,820.49
7/15/2013	\$34,820.49
8/15/2013	\$34,820.49
TOTAL INSTALLMENTS PAID IN 2013:	
	\$208,922.94

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **53589** BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2008

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 55:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,824,137.66
4/15/2013	\$1,824,137.66
5/15/2013	\$1,824,137.66
6/15/2013	\$1,824,137.66
7/15/2013	\$1,824,137.66
8/15/2013	\$1,824,137.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,944,825.96

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **53597** ARIZONA DENTAL INSURANCE SERVICE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2008

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 55:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$82,471.70
4/15/2013	\$82,471.70
5/15/2013	\$82,471.70
6/15/2013	\$82,471.70
7/15/2013	\$82,471.70
8/15/2013	\$82,471.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$494,830.20

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56006** TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56006	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	56014	THRIVENT FINANCIAL FOR LUTHERANS
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56030** CATHOLIC FINANCIAL LIFE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56073** NATIONAL MUTUAL BENEFIT

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56073	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56154** GLEANER LIFE INSURANCE SOCIETY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56154	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	56170	WOMAN'S LIFE INSURANCE SOCIETY
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56170	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56227** KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56227	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56332** FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56332	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	56340	FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	56383	ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56383	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **56499** ASSURED LIFE ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56634** CROATIAN FRATERNAL UNION OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	56693	GREEK CATHOLIC UNION OF THE U.S.A
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56758** LOYAL CHRISTIAN BENEFIT ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56758	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **56782** NATIONAL SLOVAK SOCIETY OF THE USA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-56782	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57088** DEGREE OF HONOR PROTECTIVE ASSOCIATION

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57088	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57142** SONS OF NORWAY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57223** BAPTIST LIFE ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57320** WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57320	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57347** CATHOLIC LIFE INSURANCE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57487** CATHOLIC ORDER OF FORESTERS

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57487	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **57541** MODERN WOODMEN OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57541	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	57622	POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57622	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57657** ROYAL NEIGHBORS OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57673** SLOVENE NATIONAL BENEFIT SOCIETY

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57673	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **57991** EVERENCE ASSOCIATION, INC.

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-57991	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **58033** KNIGHTS OF COLUMBUS

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-58033	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **58068** INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-58068	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **58181** SUPREME COUNCIL OF THE ROYAL ARCANUM

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-58181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60003** PARK AVENUE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-60003	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-60003	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60025** EXPRESS SCRIPTS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60038** ACACIA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,052.75
4/15/2013	\$4,052.75
5/15/2013	\$4,052.75
6/15/2013	\$4,052.75
7/15/2013	\$4,052.75
8/15/2013	\$4,052.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$24,316.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-60038	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-60038	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60052** HUMANA BENEFIT PLAN OF ILLINOIS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-60052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-60052	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60054** AETNA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$778,269.70
4/15/2013	\$778,269.70
5/15/2013	\$778,269.70
6/15/2013	\$778,269.70
7/15/2013	\$778,269.70
8/15/2013	\$778,269.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,669,618.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60142** TIAA-CREF LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,382.36
4/15/2013	\$5,382.36
5/15/2013	\$5,382.36
6/15/2013	\$5,382.36
7/15/2013	\$5,382.36
8/15/2013	\$5,382.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$32,294.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60142	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60183** S.USA LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60186** ALLSTATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,664.52
4/15/2013	\$28,664.52
5/15/2013	\$28,664.52
6/15/2013	\$28,664.52
7/15/2013	\$28,664.52
8/15/2013	\$28,664.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$171,987.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-60186	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-60186	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60188** SUPERIOR VISION INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 56:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60216** AMALGAMATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,177.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,177.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60216	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60232** PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60237** PREMIER ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,660.50
4/15/2013	\$4,660.50
5/15/2013	\$4,660.50
6/15/2013	\$4,660.50
7/15/2013	\$4,660.50
8/15/2013	\$4,660.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,963.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60237	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60237	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60250** AMFIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60250	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60275** AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,341.04
4/15/2013	\$3,341.04
5/15/2013	\$3,341.04
6/15/2013	\$3,341.04
7/15/2013	\$3,341.04
8/15/2013	\$3,341.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,046.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60275	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60305** AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60305	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60305	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60348** ACE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60348	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60380** AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$187,649.63
4/15/2013	\$187,649.63
5/15/2013	\$187,649.63
6/15/2013	\$187,649.63
7/15/2013	\$187,649.63
8/15/2013	\$187,649.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,125,897.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60380	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60399** AMERICAN FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$61,172.33
4/15/2013	\$61,172.33
5/15/2013	\$61,172.33
6/15/2013	\$61,172.33
7/15/2013	\$61,172.33
8/15/2013	\$61,172.33
TOTAL INSTALLMENTS PAID IN 2013:	
	\$367,033.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60410** AMERICAN FIDELITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,935.39
4/15/2013	\$32,935.39
5/15/2013	\$32,935.39
6/15/2013	\$32,935.39
7/15/2013	\$32,935.39
8/15/2013	\$32,935.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$197,612.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60410	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60410	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60429** AMERICAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$675.44
4/15/2013	\$675.44
5/15/2013	\$675.44
6/15/2013	\$675.44
7/15/2013	\$675.44
8/15/2013	\$675.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,052.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60429	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60429	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60445** SAGICOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,382.58
4/15/2013	\$10,382.58
5/15/2013	\$10,382.58
6/15/2013	\$10,382.58
7/15/2013	\$10,382.58
8/15/2013	\$10,382.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$62,295.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60488** AMERICAN GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$111,003.00
4/15/2013	\$111,003.00
5/15/2013	\$111,003.00
6/15/2013	\$111,003.00
7/15/2013	\$111,003.00
8/15/2013	\$111,003.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$666,018.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60488	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60488	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60518** AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,614.06
4/15/2013	\$3,614.06
5/15/2013	\$3,614.06
6/15/2013	\$3,614.06
7/15/2013	\$3,614.06
8/15/2013	\$3,614.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,684.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60534** AMERICAN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,312.91
4/15/2013	\$27,312.91
5/15/2013	\$27,312.91
6/15/2013	\$27,312.91
7/15/2013	\$27,312.91
8/15/2013	\$27,312.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$163,877.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60534	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60542** AMERICAN HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,777.67
4/15/2013	\$1,777.67
5/15/2013	\$1,777.67
6/15/2013	\$1,777.67
7/15/2013	\$1,777.67
8/15/2013	\$1,777.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,666.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60542	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60542	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60577** AMERICAN INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,972.46
4/15/2013	\$25,972.46
5/15/2013	\$25,972.46
6/15/2013	\$25,972.46
7/15/2013	\$25,972.46
8/15/2013	\$25,972.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$155,834.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60577	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60577	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60704** WILTON REASSURANCE LIFE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$934.72
4/15/2013	\$934.72
5/15/2013	\$934.72
6/15/2013	\$934.72
7/15/2013	\$934.72
8/15/2013	\$934.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,608.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60704	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60704	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60739** AMERICAN NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$29,735.16
4/15/2013	\$29,735.16
5/15/2013	\$29,735.16
6/15/2013	\$29,735.16
7/15/2013	\$29,735.16
8/15/2013	\$29,735.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$178,410.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-60739	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-60739	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60763** AMERICAN PIONEER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,639.04
4/15/2013	\$1,639.04
5/15/2013	\$1,639.04
6/15/2013	\$1,639.04
7/15/2013	\$1,639.04
8/15/2013	\$1,639.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,834.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60763	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60763	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60801** AMERICAN PUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,184.67
4/15/2013	\$3,184.67
5/15/2013	\$3,184.67
6/15/2013	\$3,184.67
7/15/2013	\$3,184.67
8/15/2013	\$3,184.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,108.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60801	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **60836** AMERICAN REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,292.07
4/15/2013	\$32,292.07
5/15/2013	\$36,938.97
6/15/2013	\$36,938.97
7/15/2013	\$36,938.97
8/15/2013	\$36,938.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$212,340.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60836	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60895** AMERICAN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,910.63
4/15/2013	\$25,910.63
5/15/2013	\$25,910.63
6/15/2013	\$25,910.63
7/15/2013	\$25,910.63
8/15/2013	\$25,910.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$155,463.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60895	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **60984** COMPBENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-60984	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-60984	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61050** METLIFE INVESTORS USA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$67,391.17
4/15/2013	\$67,391.17
5/15/2013	\$67,391.17
6/15/2013	\$67,391.17
7/15/2013	\$67,391.17
8/15/2013	\$67,391.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$404,347.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61050	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61069** ANTHEM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,053.22
4/15/2013	\$1,053.22
5/15/2013	\$1,053.22
6/15/2013	\$1,053.22
7/15/2013	\$1,053.22
8/15/2013	\$1,053.22
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,319.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61069	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61182** AURORA NATIONAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,548.71
4/15/2013	\$1,548.71
5/15/2013	\$1,548.71
6/15/2013	\$1,548.71
7/15/2013	\$1,548.71
8/15/2013	\$1,548.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,292.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61182	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61182	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61190** AUTO-OWNERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,811.90
4/15/2013	\$4,811.90
5/15/2013	\$4,811.90
6/15/2013	\$4,811.90
7/15/2013	\$4,811.90
8/15/2013	\$4,811.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,871.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61190	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61212** BALTIMORE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,231.80
4/15/2013	\$2,231.80
5/15/2013	\$2,231.80
6/15/2013	\$2,231.80
7/15/2013	\$2,231.80
8/15/2013	\$2,231.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,390.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61212	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61212	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61239** BANKERS FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$779.73
4/15/2013	\$779.73
5/15/2013	\$779.73
6/15/2013	\$779.73
7/15/2013	\$779.73
8/15/2013	\$779.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,678.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61239	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61239	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **61263** BANKERS LIFE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$49,371.71
4/15/2013	\$49,371.71
5/15/2013	\$49,371.71
6/15/2013	\$49,371.71
7/15/2013	\$49,371.71
8/15/2013	\$49,371.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$296,230.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61263	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61263	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61271** PRINCIPAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$145,170.61
4/15/2013	\$145,170.61
5/15/2013	\$145,170.61
6/15/2013	\$145,170.61
7/15/2013	\$145,170.61
8/15/2013	\$145,170.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$871,023.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61271	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61271	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61301** AMERITAS LIFE INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$34,081.76
4/15/2013	\$34,081.76
5/15/2013	\$34,081.76
6/15/2013	\$34,081.76
7/15/2013	\$34,081.76
8/15/2013	\$34,081.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$204,490.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61301	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61301	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61360** RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,218.41
4/15/2013	\$2,218.41
5/15/2013	\$2,218.41
6/15/2013	\$2,218.41
7/15/2013	\$2,218.41
8/15/2013	\$2,218.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,310.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61360	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61360	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61395** BENEFICIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,833.68
4/15/2013	\$12,833.68
5/15/2013	\$12,833.68
6/15/2013	\$12,833.68
7/15/2013	\$13,835.18
8/15/2013	\$12,833.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$78,003.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61395	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61395	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61409** NATIONAL BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,146.29
4/15/2013	\$1,146.29
5/15/2013	\$1,146.29
6/15/2013	\$1,146.29
7/15/2013	\$1,146.29
8/15/2013	\$1,146.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,877.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61409	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61409	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61425** TRUSTMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,441.95
4/15/2013	\$12,441.95
5/15/2013	\$12,441.95
6/15/2013	\$12,441.95
7/15/2013	\$12,441.95
8/15/2013	\$12,441.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,651.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61425	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61425	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61476** BOSTON MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,171.00
4/15/2013	\$1,171.00
5/15/2013	\$1,171.00
6/15/2013	\$1,171.00
7/15/2013	\$1,171.00
8/15/2013	\$1,171.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,026.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61476	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61476	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61492** ATHENE ANNUITY & LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,021.24
4/15/2013	\$8,021.24
5/15/2013	\$8,021.24
6/15/2013	\$8,021.24
7/15/2013	\$8,021.24
8/15/2013	\$8,021.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$48,127.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61492	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61492	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61506** RESOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61506	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61506	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61581** CAPITOL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61689** AVIVA LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$83,296.17
4/15/2013	\$83,296.17
5/15/2013	\$83,296.17
6/15/2013	\$83,296.17
7/15/2013	\$83,296.17
8/15/2013	\$83,296.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$499,777.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61689	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61689	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61700** RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,382.65
4/15/2013	\$2,382.65
5/15/2013	\$2,382.65
6/15/2013	\$2,382.65
7/15/2013	\$2,382.65
8/15/2013	\$2,382.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,295.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61727** CENTRAL RESERVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61727	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61727	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61735** CENTRAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61735	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61735	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61751** CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$915.32
4/15/2013	\$915.32
5/15/2013	\$915.32
6/15/2013	\$915.32
7/15/2013	\$915.32
8/15/2013	\$915.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,491.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61751	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61751	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61808** CHARTER NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61808	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61808	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61832** CHESAPEAKE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,652.55
4/15/2013	\$6,652.55
5/15/2013	\$6,652.55
6/15/2013	\$6,652.55
7/15/2013	\$6,652.55
8/15/2013	\$6,652.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$39,915.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61832	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61832	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61859** CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$336.48
4/15/2013	\$336.48
5/15/2013	\$336.48
6/15/2013	\$336.48
7/15/2013	\$336.48
8/15/2013	\$336.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,018.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61859	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61875** CHURCH LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$814.20
4/15/2013	\$814.20
5/15/2013	\$814.20
6/15/2013	\$814.20
7/15/2013	\$814.20
8/15/2013	\$814.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,885.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61875	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61875	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **61883** CENTRAL UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,738.61
4/15/2013	\$1,738.61
5/15/2013	\$1,738.61
6/15/2013	\$1,738.61
7/15/2013	\$1,738.61
8/15/2013	\$1,738.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,431.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61883	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61883	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **61913** EXECUTIVE LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **61999** AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,371.11
4/15/2013	\$7,371.11
5/15/2013	\$7,371.11
6/15/2013	\$7,371.11
7/15/2013	\$7,371.11
8/15/2013	\$7,371.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$44,226.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-61999	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-61999	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62049** COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$64,003.03
4/15/2013	\$64,003.03
5/15/2013	\$64,003.03
6/15/2013	\$64,003.03
7/15/2013	\$64,003.03
8/15/2013	\$64,003.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$384,018.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62049	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62049	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62057** LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$451.83
4/15/2013	\$451.83
5/15/2013	\$451.83
6/15/2013	\$451.83
7/15/2013	\$451.83
8/15/2013	\$451.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,710.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62057	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62057	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62065** COLONIAL PENN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,544.54
4/15/2013	\$14,544.54
5/15/2013	\$14,544.54
6/15/2013	\$14,544.54
7/15/2013	\$14,544.54
8/15/2013	\$14,544.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$87,267.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62065	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62065	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **62103** COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,519.80
4/15/2013	\$4,519.80
5/15/2013	\$4,519.80
6/15/2013	\$4,519.80
7/15/2013	\$4,519.80
8/15/2013	\$4,519.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,118.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62103	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62103	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62146** COMBINED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,103.96
4/15/2013	\$10,103.96
5/15/2013	\$10,103.96
6/15/2013	\$10,103.96
7/15/2013	\$10,103.96
8/15/2013	\$10,103.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$60,623.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62146	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62146	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62154** FREMONT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62154	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62154	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62200** ACCORDIA LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62200	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **62235** UNUM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ME	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$139,978.98
4/15/2013	\$139,978.98
5/15/2013	\$139,978.98
6/15/2013	\$139,978.98
7/15/2013	\$139,978.98
8/15/2013	\$139,978.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$839,873.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62235	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62235	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62286** GOLDEN RULE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$364,713.26
4/15/2013	\$364,713.26
5/15/2013	\$364,713.26
6/15/2013	\$364,713.26
7/15/2013	\$364,713.26
8/15/2013	\$364,713.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,188,279.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62286	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62286	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62308** CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$431,017.52
4/15/2013	\$431,017.52
5/15/2013	\$431,017.52
6/15/2013	\$431,017.52
7/15/2013	\$431,017.52
8/15/2013	\$431,017.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,586,105.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62308	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62308	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62324** FREEDOM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,566.29
4/15/2013	\$8,566.29
5/15/2013	\$8,566.29
6/15/2013	\$8,566.29
7/15/2013	\$8,566.29
8/15/2013	\$8,566.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$51,397.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62324	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62324	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62345** BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62345	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62359** CONSTITUTION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$486.79
4/15/2013	\$486.79
5/15/2013	\$486.79
6/15/2013	\$486.79
7/15/2013	\$486.79
8/15/2013	\$486.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,920.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62359	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62359	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62375** CONSUMERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62375	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62375	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62383** CENTURION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62383	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62383	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62413** CONTINENTAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,166.82
4/15/2013	\$1,166.82
5/15/2013	\$1,166.82
6/15/2013	\$1,166.82
7/15/2013	\$1,166.82
8/15/2013	\$1,166.82
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,000.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62413	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62421** HERITAGE UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62421	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62421	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62510** EQUITRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,348.38
4/15/2013	\$15,348.38
5/15/2013	\$15,348.38
6/15/2013	\$15,348.38
7/15/2013	\$15,348.38
8/15/2013	\$15,348.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$92,090.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62510	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62510	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62553** COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$38,745.85
4/15/2013	\$38,745.85
5/15/2013	\$38,745.85
6/15/2013	\$38,745.85
7/15/2013	\$38,745.85
8/15/2013	\$38,745.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$232,475.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62553	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62553	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62596** UNION FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,336.37
4/15/2013	\$3,336.37
5/15/2013	\$3,336.37
6/15/2013	\$3,336.37
7/15/2013	\$3,336.37
8/15/2013	\$3,336.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,018.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62596	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62596	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62626** CMFG LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$34,583.86
4/15/2013	\$34,583.86
5/15/2013	\$34,583.86
6/15/2013	\$34,583.86
7/15/2013	\$34,583.86
8/15/2013	\$34,583.86
TOTAL INSTALLMENTS PAID IN 2013:	
	\$207,503.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62626	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-62626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62634** DELAWARE AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-62634	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
HCA13-62634	Health Care Appeals Fund [ARS § 20-2541(2)]	\$200.00
FRA13-62634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
FRA14-62634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62790** EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-62790	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **62863** TRUSTMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,634.13
4/15/2013	\$15,634.13
5/15/2013	\$15,634.13
6/15/2013	\$15,634.09
7/15/2013	\$15,634.09
8/15/2013	\$15,634.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$93,804.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62863	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-62863	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62880** AXA EQUITABLE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$383.70
4/15/2013	\$383.70
5/15/2013	\$383.70
6/15/2013	\$383.70
7/15/2013	\$383.70
8/15/2013	\$383.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,302.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62880	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62928** EMC NATIONAL LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,968.90
4/15/2013	\$1,968.90
5/15/2013	\$1,968.90
6/15/2013	\$1,968.90
7/15/2013	\$1,968.90
8/15/2013	\$1,968.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,813.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62928	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-62928	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62944** AXA EQUITABLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$88,882.95
4/15/2013	\$88,882.95
5/15/2013	\$88,882.95
6/15/2013	\$88,882.95
7/15/2013	\$88,882.95
8/15/2013	\$88,882.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$533,297.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-62944	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **62952** EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,941.60
4/15/2013	\$19,941.69
5/15/2013	\$19,941.60
6/15/2013	\$19,941.60
7/15/2013	\$19,941.60
8/15/2013	\$19,941.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$119,649.69

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-62952	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-62952	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63053** FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,308.98
4/15/2013	\$4,308.98
5/15/2013	\$4,308.98
6/15/2013	\$4,308.98
7/15/2013	\$4,308.98
8/15/2013	\$4,308.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$25,853.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-63053	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-63053	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63088** FARM BUREAU LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,484.87
4/15/2013	\$28,484.87
5/15/2013	\$28,484.87
6/15/2013	\$28,484.87
7/15/2013	\$28,484.87
8/15/2013	\$28,484.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$170,909.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63088	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63088	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63177** FARMERS NEW WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$107,266.98
4/15/2013	\$107,266.98
5/15/2013	\$107,266.98
6/15/2013	\$107,266.98
7/15/2013	\$107,266.98
8/15/2013	\$107,266.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$643,601.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63177	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63223** FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$977.23
4/15/2013	\$977.23
5/15/2013	\$977.23
6/15/2013	\$977.23
7/15/2013	\$977.23
8/15/2013	\$977.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,863.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63223	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63258** FEDERATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,959.70
4/15/2013	\$3,959.70
5/15/2013	\$3,959.70
6/15/2013	\$3,959.70
7/15/2013	\$3,959.70
8/15/2013	\$3,959.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,758.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63258	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63274** FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$31,670.07
4/15/2013	\$31,670.07
5/15/2013	\$31,670.07
6/15/2013	\$31,670.07
7/15/2013	\$31,670.07
8/15/2013	\$31,670.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$190,020.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63282** PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$23,119.50
4/15/2013	\$23,119.50
5/15/2013	\$23,119.50
6/15/2013	\$23,119.50
7/15/2013	\$23,119.50
8/15/2013	\$23,119.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$138,717.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63290** FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,980.99
4/15/2013	\$6,980.99
5/15/2013	\$6,980.99
6/15/2013	\$6,980.99
7/15/2013	\$6,980.99
8/15/2013	\$6,980.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$41,885.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63290	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63290	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63312** GREAT AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,325.58
4/15/2013	\$3,325.58
5/15/2013	\$3,325.58
6/15/2013	\$3,325.58
7/15/2013	\$3,325.58
8/15/2013	\$3,325.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,953.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63312	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63444** ACCENDO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63444	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63479** UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,783.62
4/15/2013	\$5,783.62
5/15/2013	\$5,783.62
6/15/2013	\$5,783.62
7/15/2013	\$5,783.62
8/15/2013	\$5,783.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,701.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63479	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63479	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63487** INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$648.59
4/15/2013	\$648.59
5/15/2013	\$648.59
6/15/2013	\$648.59
7/15/2013	\$648.59
8/15/2013	\$648.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,891.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63487	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63487	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63495** FIRST INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,588.30
4/15/2013	\$6,588.30
5/15/2013	\$6,588.30
6/15/2013	\$6,588.30
7/15/2013	\$6,588.30
8/15/2013	\$6,588.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$39,529.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63495	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63495	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63541** SEECHANGE HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63541	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63541	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63657** GARDEN STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,273.32
4/15/2013	\$1,273.32
5/15/2013	\$1,273.32
6/15/2013	\$1,273.32
7/15/2013	\$1,273.32
8/15/2013	\$1,273.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,639.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63657	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63665** GENERAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,844.72
4/15/2013	\$22,844.72
5/15/2013	\$22,844.72
6/15/2013	\$22,844.72
7/15/2013	\$22,844.72
8/15/2013	\$22,844.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$137,068.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63665	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **63762** MEDCO CONTAINMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63762	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63762	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **63819** UNITY FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$732.00
4/15/2013	\$732.00
5/15/2013	\$731.70
6/15/2013	\$731.70
7/15/2013	\$731.70
8/15/2013	\$731.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,390.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-63819	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **63967** GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,711.71
4/15/2013	\$6,711.71
5/15/2013	\$6,711.71
6/15/2013	\$6,711.71
7/15/2013	\$6,711.71
8/15/2013	\$6,711.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$40,270.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63967	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63967	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **63983** UNITED HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,375.00
4/15/2013	\$3,374.55
5/15/2013	\$3,375.00
6/15/2013	\$3,374.55
7/15/2013	\$3,374.55
8/15/2013	\$3,374.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,248.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-63983	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-63983	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64017** JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$683.03
4/15/2013	\$683.03
5/15/2013	\$683.03
6/15/2013	\$683.03
7/15/2013	\$683.03
8/15/2013	\$683.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,098.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64017	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64076** GREAT FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64076	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64076	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64149** EPIC LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64149	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64149	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **64211** GUARANTEE TRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,333.83
4/15/2013	\$3,333.83
5/15/2013	\$3,333.83
6/15/2013	\$3,333.83
7/15/2013	\$3,333.83
8/15/2013	\$3,333.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,002.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64211	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64211	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64238** GUARANTY INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64238	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64246** GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$182,999.85
4/15/2013	\$182,999.85
5/15/2013	\$182,999.85
6/15/2013	\$182,999.85
7/15/2013	\$182,999.85
8/15/2013	\$182,999.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,097,999.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64246	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64246	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64327** HARLEYSVILLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$335.90
4/15/2013	\$335.90
5/15/2013	\$335.90
6/15/2013	\$335.90
7/15/2013	\$335.90
8/15/2013	\$335.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,015.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64327	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64327	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **64343** PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$592.01
4/15/2013	\$592.01
5/15/2013	\$592.01
6/15/2013	\$592.01
7/15/2013	\$592.01
8/15/2013	\$592.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,552.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64343	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64343	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **64360** PAVONIA LIFE INSURANCE COMPANY OF ARIZONA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **64394** HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64467** WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64467	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64467	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64505** HOMESTEADERS LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,441.06
4/15/2013	\$3,441.06
5/15/2013	\$3,441.06
6/15/2013	\$3,441.06
7/15/2013	\$3,441.06
8/15/2013	\$3,441.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,646.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64505	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64505	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64513** HORACE MANN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,420.04
4/15/2013	\$4,420.04
5/15/2013	\$4,420.04
6/15/2013	\$4,420.04
7/15/2013	\$4,420.04
8/15/2013	\$4,420.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,520.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64513	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64580** ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,324.32
4/15/2013	\$4,324.32
5/15/2013	\$4,324.32
6/15/2013	\$4,324.32
7/15/2013	\$4,324.32
8/15/2013	\$4,324.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$25,945.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64580	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64602** INDEPENDENCE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64602	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64602	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64688** SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64696** FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64696	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64696	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64831** INTRAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64831	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64831	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64890** BERKLEY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,545.14
4/15/2013	\$7,545.14
5/15/2013	\$7,545.00
6/15/2013	\$7,545.30
7/15/2013	\$7,545.00
8/15/2013	\$7,545.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$45,270.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64890	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64904** INVESTORS HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,082.15
4/15/2013	\$1,082.15
5/15/2013	\$1,082.15
6/15/2013	\$1,082.15
7/15/2013	\$1,082.15
8/15/2013	\$1,082.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,492.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64904	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64904	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **64939** INVESTORS INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-64939	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-64939	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **65005** RIVERSOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$59,419.00
4/15/2013	\$59,419.00
5/15/2013	\$59,419.00
6/15/2013	\$59,419.00
7/15/2013	\$59,418.88
8/15/2013	\$59,418.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$356,513.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65005	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65005	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **65021** STONEBRIDGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,383.62
4/15/2013	\$28,383.62
5/15/2013	\$28,383.62
6/15/2013	\$28,383.62
7/15/2013	\$28,383.62
8/15/2013	\$28,383.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$170,301.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65021	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65021	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65056** JACKSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$62,672.12
4/15/2013	\$62,672.12
5/15/2013	\$62,672.12
6/15/2013	\$62,672.12
7/15/2013	\$62,672.12
8/15/2013	\$62,672.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$376,032.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65056	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65056	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65080** JOHN ALDEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,125.77
4/15/2013	\$1,125.77
5/15/2013	\$1,125.77
6/15/2013	\$1,125.77
7/15/2013	\$1,125.77
8/15/2013	\$1,125.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,754.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65080	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65080	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65110** KANAWHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,863.63
4/15/2013	\$11,863.63
5/15/2013	\$11,863.63
6/15/2013	\$11,863.63
7/15/2013	\$11,863.63
8/15/2013	\$11,863.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$71,181.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65110	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65110	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65129** KANSAS CITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,705.70
4/15/2013	\$8,705.70
5/15/2013	\$8,705.70
6/15/2013	\$8,705.70
7/15/2013	\$8,705.70
8/15/2013	\$8,705.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$52,234.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65242** LAFAYETTE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$31,764.90
4/15/2013	\$31,764.90
5/15/2013	\$31,764.90
6/15/2013	\$31,764.90
7/15/2013	\$31,764.90
8/15/2013	\$31,764.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$190,589.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65242	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65269** UNITED BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65269	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **65315** LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$76,596.75
4/15/2013	\$76,596.75
5/15/2013	\$76,596.75
6/15/2013	\$76,596.75
7/15/2013	\$76,596.75
8/15/2013	\$76,596.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$459,580.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65315	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65315	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **65331** LIBERTY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,522.25
4/15/2013	\$9,522.25
5/15/2013	\$9,522.25
6/15/2013	\$9,522.25
7/15/2013	\$9,522.25
8/15/2013	\$9,522.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$57,133.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65498** LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$233,141.64
4/15/2013	\$233,141.64
5/15/2013	\$233,141.64
6/15/2013	\$233,141.64
7/15/2013	\$233,141.64
8/15/2013	\$233,141.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,398,849.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65498	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65498	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **65528** LIFE INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$22,852.00
4/15/2013	\$22,852.00
5/15/2013	\$22,852.00
6/15/2013	\$22,852.00
7/15/2013	\$22,852.00
8/15/2013	\$22,852.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$137,112.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65528	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65536** GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$68,840.15
4/15/2013	\$68,840.15
5/15/2013	\$68,840.15
6/15/2013	\$68,840.15
7/15/2013	\$68,840.15
8/15/2013	\$68,840.15
TOTAL INSTALLMENTS PAID IN 2013:	
	\$413,040.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65536	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65595** LINCOLN BENEFIT LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$92,467.46
4/15/2013	\$92,467.46
5/15/2013	\$92,467.46
6/15/2013	\$92,467.46
7/15/2013	\$92,467.46
8/15/2013	\$92,467.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$554,804.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65641** LINCOLN REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65641	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65641	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65676** LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$236,954.59
4/15/2013	\$236,954.59
5/15/2013	\$236,954.59
6/15/2013	\$236,954.59
7/15/2013	\$236,954.59
8/15/2013	\$236,954.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,421,727.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65676	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65676	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65722** LOYAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,560.94
4/15/2013	\$1,560.94
5/15/2013	\$1,560.94
6/15/2013	\$1,560.94
7/15/2013	\$1,560.94
8/15/2013	\$1,560.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,365.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65722	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65722	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65781** MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,672.40
4/15/2013	\$8,672.40
5/15/2013	\$8,672.40
6/15/2013	\$8,672.40
7/15/2013	\$8,672.40
8/15/2013	\$8,672.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$52,034.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65781	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65781	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65811** AMERICAN MODERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65811	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65811	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65838** JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$300,074.44
4/15/2013	\$300,074.44
5/15/2013	\$300,074.44
6/15/2013	\$300,074.44
7/15/2013	\$300,074.44
8/15/2013	\$300,074.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,800,446.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65838	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65838	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65870** MANHATTAN LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-65870	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-65870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65900** CONSECO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,163.56
4/15/2013	\$10,163.56
5/15/2013	\$10,163.56
6/15/2013	\$10,163.56
7/15/2013	\$10,163.56
8/15/2013	\$10,163.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$60,981.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65900	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65919** PRIMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$100,497.71
4/15/2013	\$100,497.71
5/15/2013	\$100,497.71
6/15/2013	\$100,497.71
7/15/2013	\$100,497.71
8/15/2013	\$100,497.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$602,986.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65919	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65927** LINCOLN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,598.87
4/15/2013	\$2,598.87
5/15/2013	\$2,598.87
6/15/2013	\$2,598.87
7/15/2013	\$2,598.87
8/15/2013	\$2,598.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,593.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65927	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65927	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65935** MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$116,961.92
4/15/2013	\$116,961.92
5/15/2013	\$116,961.92
6/15/2013	\$116,961.92
7/15/2013	\$116,961.92
8/15/2013	\$116,961.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$701,771.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65935	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65935	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65951** MERIT LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$733.46
4/15/2013	\$733.46
5/15/2013	\$733.46
6/15/2013	\$733.46
7/15/2013	\$733.46
8/15/2013	\$733.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,400.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65951	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65951	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65960** WINDSOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65960	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65960	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **65978** METROPOLITAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$649,061.68
4/15/2013	\$649,061.68
5/15/2013	\$649,061.68
6/15/2013	\$649,061.68
7/15/2013	\$649,061.68
8/15/2013	\$649,061.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,894,370.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-65978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-65978	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66001** AMERICAN BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66001	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66001	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66044** MIDLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$37,898.23
4/15/2013	\$37,898.23
5/15/2013	\$37,898.23
6/15/2013	\$37,898.23
7/15/2013	\$37,898.23
8/15/2013	\$37,898.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$227,389.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66044	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **66087** MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,482.99
4/15/2013	\$7,482.99
5/15/2013	\$7,482.99
6/15/2013	\$7,482.99
7/15/2013	\$7,482.99
8/15/2013	\$7,482.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$44,897.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66109** MIDWESTERN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66109	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66133** WILTON REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66133	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66133	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **66141** HEALTH NET LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$619,676.45
4/15/2013	\$619,676.45
5/15/2013	\$619,676.45
6/15/2013	\$619,676.45
7/15/2013	\$619,676.45
8/15/2013	\$619,676.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,718,058.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66141	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66141	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66168** MINNESOTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$163,459.05
4/15/2013	\$163,459.05
5/15/2013	\$163,459.05
6/15/2013	\$163,459.05
7/15/2013	\$163,459.05
8/15/2013	\$163,459.05
TOTAL INSTALLMENTS PAID IN 2013:	
	\$980,754.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66168	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66168	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66214** HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66214	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66214	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66265** MONARCH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$595.84
4/15/2013	\$595.84
5/15/2013	\$595.84
6/15/2013	\$595.84
7/15/2013	\$595.84
8/15/2013	\$595.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,575.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66265	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66265	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66281** MONUMENTAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$42,405.90
4/15/2013	\$42,405.90
5/15/2013	\$42,405.90
6/15/2013	\$42,405.90
7/15/2013	\$42,405.90
8/15/2013	\$42,405.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$254,435.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66281	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66281	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66346** MUNICH AMERICAN REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66346	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66370** MONY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,551.04
4/15/2013	\$7,551.04
5/15/2013	\$7,551.00
6/15/2013	\$7,551.04
7/15/2013	\$7,551.04
8/15/2013	\$7,551.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$45,306.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66370	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66370	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66427** MTL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,979.72
4/15/2013	\$12,979.72
5/15/2013	\$12,979.72
6/15/2013	\$12,979.72
7/15/2013	\$12,979.72
8/15/2013	\$12,979.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$77,878.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66427	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66427	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66540** NATIONAL FARMERS UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66540	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66583** NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,424.79
4/15/2013	\$19,424.79
5/15/2013	\$19,424.79
6/15/2013	\$19,424.79
7/15/2013	\$19,424.79
8/15/2013	\$19,424.79
TOTAL INSTALLMENTS PAID IN 2013:	
	\$116,548.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66583	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66583	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66680** NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,729.00
4/15/2013	\$11,729.00
5/15/2013	\$11,729.00
6/15/2013	\$11,729.00
7/15/2013	\$11,729.00
8/15/2013	\$11,729.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$70,374.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66680	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66680	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66850** NATIONAL WESTERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,771.17
4/15/2013	\$13,771.17
5/15/2013	\$13,771.17
6/15/2013	\$13,771.17
7/15/2013	\$13,771.17
8/15/2013	\$13,771.17
TOTAL INSTALLMENTS PAID IN 2013:	
	\$82,627.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66850	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **66869** NATIONWIDE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$77,390.09
4/15/2013	\$77,390.09
5/15/2013	\$77,390.09
6/15/2013	\$77,390.09
7/15/2013	\$77,390.00
8/15/2013	\$77,390.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$464,340.45

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66869	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66869	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **66915** NEW YORK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$211,905.25
4/15/2013	\$211,905.25
5/15/2013	\$211,905.25
6/15/2013	\$211,905.25
7/15/2013	\$211,905.25
8/15/2013	\$211,905.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,271,431.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-66915	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-66915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **66974** NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$40,321.39
4/15/2013	\$40,321.39
5/15/2013	\$40,321.39
6/15/2013	\$40,321.39
7/15/2013	\$40,321.39
8/15/2013	\$40,321.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$241,928.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-66974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-66974	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67032** NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67032	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **67059** NORTH COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,264.03
4/15/2013	\$1,264.03
5/15/2013	\$1,264.03
6/15/2013	\$1,264.03
7/15/2013	\$1,264.03
8/15/2013	\$1,264.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,584.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67059	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67059	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67083** MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,021.94
4/15/2013	\$1,021.94
5/15/2013	\$1,021.94
6/15/2013	\$1,021.94
7/15/2013	\$1,021.94
8/15/2013	\$1,021.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,131.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67083	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67083	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67091** NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$250,814.12
4/15/2013	\$250,814.12
5/15/2013	\$250,814.12
6/15/2013	\$250,814.12
7/15/2013	\$250,814.12
8/15/2013	\$250,814.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,504,884.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67091	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67091	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67105** RELIASTAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$117,035.77
4/15/2013	\$117,035.77
5/15/2013	\$117,035.77
6/15/2013	\$117,035.77
7/15/2013	\$117,035.77
8/15/2013	\$117,035.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$702,214.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67105	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67148** OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,315.29
4/15/2013	\$1,315.29
5/15/2013	\$1,315.29
6/15/2013	\$1,315.29
7/15/2013	\$1,315.29
8/15/2013	\$1,315.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,891.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67148	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67148	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67172** OHIO NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,332.57
4/15/2013	\$11,332.57
5/15/2013	\$11,332.57
6/15/2013	\$11,332.57
7/15/2013	\$11,332.57
8/15/2013	\$11,332.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$67,995.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67172	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67172	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **67180** OHIO STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,488.47
4/15/2013	\$1,488.47
5/15/2013	\$1,488.47
6/15/2013	\$1,488.47
7/15/2013	\$1,488.47
8/15/2013	\$1,488.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,930.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67180	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67199** OLD AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,909.88
4/15/2013	\$5,909.88
5/15/2013	\$5,909.88
6/15/2013	\$5,909.88
7/15/2013	\$5,909.88
8/15/2013	\$5,909.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$35,459.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67199	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67199	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67253** AMERICAN LIFE & SECURITY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,218.44
4/15/2013	\$7,218.44
5/15/2013	\$7,218.44
6/15/2013	\$7,218.44
7/15/2013	\$7,218.44
8/15/2013	\$7,218.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$43,310.64

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **67261** OLD REPUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,262.29
4/15/2013	\$1,262.29
5/15/2013	\$1,262.29
6/15/2013	\$1,262.29
7/15/2013	\$1,262.29
8/15/2013	\$1,262.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,573.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67261	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67261	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67369** CIGNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$107,627.66
4/15/2013	\$107,627.66
5/15/2013	\$107,627.66
6/15/2013	\$107,627.66
7/15/2013	\$107,627.66
8/15/2013	\$107,627.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$645,765.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67369	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **67393** OZARK NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,149.81
4/15/2013	\$1,149.82
5/15/2013	\$1,149.81
6/15/2013	\$1,149.82
7/15/2013	\$1,149.81
8/15/2013	\$1,149.82
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,898.89

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67393	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67393	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67423** UBS LIFE INSURANCE COMPANY USA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA13-67423	Health Care Appeals Fund [ARS § 20-2541(2)]	\$200.00
FRA14-67423	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67423	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA13-67423	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67466** PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$123,245.57
4/15/2013	\$123,245.57
5/15/2013	\$123,245.57
6/15/2013	\$123,245.57
7/15/2013	\$123,245.57
8/15/2013	\$123,245.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$739,473.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67466	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67466	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67539** PAN-AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,857.76
4/15/2013	\$4,857.76
5/15/2013	\$4,857.76
6/15/2013	\$4,857.76
7/15/2013	\$4,857.76
8/15/2013	\$4,857.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,146.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67539	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67539	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67598** PAUL REVERE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,669.59
4/15/2013	\$12,669.59
5/15/2013	\$12,669.59
6/15/2013	\$12,669.59
7/15/2013	\$12,669.59
8/15/2013	\$12,669.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$76,017.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67598	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67598	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67601** PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67601	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67601	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67628** PEKIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,073.96
4/15/2013	\$1,073.96
5/15/2013	\$1,073.96
6/15/2013	\$1,073.96
7/15/2013	\$1,073.96
8/15/2013	\$1,073.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,443.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67628	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67628	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67636** DSM USA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67636	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67636	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67644** PENN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$45,423.68
4/15/2013	\$45,423.68
5/15/2013	\$45,423.68
6/15/2013	\$45,423.68
7/15/2013	\$45,423.68
8/15/2013	\$45,423.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$272,542.08

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67644	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67644	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67652** FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,840.59
4/15/2013	\$8,840.59
5/15/2013	\$8,840.59
6/15/2013	\$8,840.59
7/15/2013	\$8,840.59
8/15/2013	\$8,840.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$53,043.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67652	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67660** PENNSYLVANIA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,529.58
4/15/2013	\$2,529.58
5/15/2013	\$2,529.58
6/15/2013	\$2,529.58
7/15/2013	\$2,529.58
8/15/2013	\$2,529.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,177.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67660	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67679** AMERICAN REPUBLIC CORP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,336.07
4/15/2013	\$4,336.07
5/15/2013	\$4,336.07
6/15/2013	\$4,336.07
7/15/2013	\$4,336.07
8/15/2013	\$4,336.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,016.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67679	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67679	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67784** PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$362.04
4/15/2013	\$362.04
5/15/2013	\$362.04
6/15/2013	\$362.04
7/15/2013	\$362.04
8/15/2013	\$362.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,172.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67784	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67814** PHOENIX LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,014.67
4/15/2013	\$8,014.67
5/15/2013	\$8,014.67
6/15/2013	\$8,014.67
7/15/2013	\$8,014.67
8/15/2013	\$8,014.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$48,088.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67814	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67814	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67873** PIONEER AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-67873	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-67873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67903** PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67903	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67903	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67911** PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,465.62
4/15/2013	\$4,465.62
5/15/2013	\$4,465.62
6/15/2013	\$4,465.62
7/15/2013	\$4,465.62
8/15/2013	\$4,465.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,793.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **67989** AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,020.70
4/15/2013	\$27,020.70
5/15/2013	\$27,020.70
6/15/2013	\$27,020.70
7/15/2013	\$27,020.70
8/15/2013	\$27,020.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$162,124.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-67989	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-67989	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68039** ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$953.55
4/15/2013	\$953.55
5/15/2013	\$953.55
6/15/2013	\$953.55
7/15/2013	\$953.55
8/15/2013	\$953.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,721.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-68039	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-68039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68047** PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,235.57
4/15/2013	\$1,235.57
5/15/2013	\$1,235.57
6/15/2013	\$1,235.57
7/15/2013	\$1,235.57
8/15/2013	\$1,235.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,413.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68047	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68047	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68136** PROTECTIVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$93,664.00
4/15/2013	\$93,664.30
5/15/2013	\$93,664.30
6/15/2013	\$93,664.30
7/15/2013	\$93,664.30
8/15/2013	\$93,664.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$561,985.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-68136	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-68136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68160** BALBOA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,062.14
4/15/2013	\$1,062.14
5/15/2013	\$1,062.14
6/15/2013	\$1,062.14
7/15/2013	\$1,062.14
8/15/2013	\$1,062.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,372.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68160	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68160	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68179** PROVIDENT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68179	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68195** PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$66,052.16
4/15/2013	\$66,052.16
5/15/2013	\$66,052.16
6/15/2013	\$66,052.16
7/15/2013	\$66,052.16
8/15/2013	\$66,052.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$396,312.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68195	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68195	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68241** PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$289,526.87
4/15/2013	\$289,526.87
5/15/2013	\$289,526.87
6/15/2013	\$289,526.87
7/15/2013	\$289,526.87
8/15/2013	\$289,526.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,737,161.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68241	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68276** EMPLOYERS REASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68276	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68276	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68284** PYRAMID LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$415.67
4/15/2013	\$415.67
5/15/2013	\$415.67
6/15/2013	\$415.67
7/15/2013	\$415.67
8/15/2013	\$415.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,494.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68284	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68284	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68322** GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$56,930.01
4/15/2013	\$56,930.01
5/15/2013	\$56,930.01
6/15/2013	\$56,930.01
7/15/2013	\$56,930.01
8/15/2013	\$56,930.01
TOTAL INSTALLMENTS PAID IN 2013:	
	\$341,580.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68357** RELIABLE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68357	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68357	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68365** AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68365	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68381** RELIANCE STANDARD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,398.87
4/15/2013	\$32,398.87
5/15/2013	\$32,398.87
6/15/2013	\$32,398.87
7/15/2013	\$32,398.87
8/15/2013	\$32,398.87
TOTAL INSTALLMENTS PAID IN 2013:	
	\$194,393.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68381	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68381	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68420** WMI MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,500.00
4/15/2013	\$3,500.00
5/15/2013	\$3,500.00
6/15/2013	\$3,500.00
7/15/2013	\$3,500.00
8/15/2013	\$3,500.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$21,000.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68446** LONGEVITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68446	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68446	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68462** RESERVE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,920.29
4/15/2013	\$9,920.29
5/15/2013	\$9,920.29
6/15/2013	\$9,920.29
7/15/2013	\$9,920.29
8/15/2013	\$9,920.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$59,521.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68462	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68462	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68500** CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$744.95
4/15/2013	\$744.95
5/15/2013	\$744.95
6/15/2013	\$744.95
7/15/2013	\$744.95
8/15/2013	\$744.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,469.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68500	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68500	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68543** LIBERTY BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68543	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68543	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68594** AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,129.36
4/15/2013	\$2,129.36
5/15/2013	\$2,129.36
6/15/2013	\$2,129.36
7/15/2013	\$2,129.36
8/15/2013	\$2,129.36
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,776.16

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68594	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68594	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68608** SYMETRA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$78,370.61
4/15/2013	\$78,370.16
5/15/2013	\$78,370.61
6/15/2013	\$78,371.06
7/15/2013	\$78,370.61
8/15/2013	\$78,370.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$470,223.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68608	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68632** VANTIS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68632	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68632	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68675** SECURITY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,834.45
4/15/2013	\$1,834.45
5/15/2013	\$1,834.45
6/15/2013	\$1,834.45
7/15/2013	\$1,834.45
8/15/2013	\$1,834.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,006.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68675	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68713** SECURITY LIFE OF DENVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$57,667.66
4/15/2013	\$57,667.66
5/15/2013	\$57,667.66
6/15/2013	\$57,667.66
7/15/2013	\$57,667.66
8/15/2013	\$57,667.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$346,005.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-68713	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-68713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68721** SECURITY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,894.14
4/15/2013	\$1,894.14
5/15/2013	\$1,894.14
6/15/2013	\$1,894.14
7/15/2013	\$1,894.14
8/15/2013	\$1,894.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,364.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68721	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68721	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **68772** SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,474.00
4/15/2013	\$4,474.00
5/15/2013	\$4,474.00
6/15/2013	\$4,474.00
7/15/2013	\$4,474.00
8/15/2013	\$4,474.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$26,844.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68772	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68802** SENTINEL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,194.51
4/15/2013	\$5,194.51
5/15/2013	\$5,194.51
6/15/2013	\$5,194.51
7/15/2013	\$5,194.51
8/15/2013	\$5,194.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$31,167.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68802	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68810** SENTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,850.20
4/15/2013	\$2,850.20
5/15/2013	\$2,850.20
6/15/2013	\$2,850.20
7/15/2013	\$2,850.20
8/15/2013	\$2,850.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,101.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-68810	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-68810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68845** SHENANDOAH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$781.76
4/15/2013	\$781.76
5/15/2013	\$781.76
6/15/2013	\$781.76
7/15/2013	\$781.76
8/15/2013	\$781.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,690.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-68845	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **68985** STARMOUNT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$633.24
4/15/2013	\$633.24
5/15/2013	\$633.24
6/15/2013	\$633.24
7/15/2013	\$633.24
8/15/2013	\$633.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,799.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-68985	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-68985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69000** NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,036.92
4/15/2013	\$11,036.92
5/15/2013	\$11,036.92
6/15/2013	\$11,036.92
7/15/2013	\$11,036.92
8/15/2013	\$11,036.92
TOTAL INSTALLMENTS PAID IN 2013:	
	\$66,221.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69000	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69000	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69019** STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$82,432.54
4/15/2013	\$82,432.54
5/15/2013	\$82,432.54
6/15/2013	\$82,432.54
7/15/2013	\$82,432.54
8/15/2013	\$82,432.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$494,595.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69019	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69019	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69078** STANDARD SECURITY LIFE INSURANCE COMPANY OF NY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,273.46
4/15/2013	\$25,273.46
5/15/2013	\$25,273.46
6/15/2013	\$25,273.46
7/15/2013	\$25,273.46
8/15/2013	\$25,273.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$151,640.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69078	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69078	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69108** STATE FARM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$176,127.31
4/15/2013	\$176,127.31
5/15/2013	\$176,127.31
6/15/2013	\$176,127.31
7/15/2013	\$176,127.31
8/15/2013	\$176,127.31
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,056,763.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69116** STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,220.10
4/15/2013	\$21,220.10
5/15/2013	\$21,220.10
6/15/2013	\$21,220.10
7/15/2013	\$21,220.10
8/15/2013	\$21,220.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$127,320.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69116	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69116	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69132** STATE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,430.94
4/15/2013	\$1,430.94
5/15/2013	\$1,430.94
6/15/2013	\$1,430.94
7/15/2013	\$1,430.94
8/15/2013	\$1,430.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,585.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69140** FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$475.37
4/15/2013	\$475.37
5/15/2013	\$475.37
6/15/2013	\$475.37
7/15/2013	\$475.37
8/15/2013	\$475.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,852.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69140	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69140	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69272** SUNSET LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$904.66
4/15/2013	\$904.66
5/15/2013	\$904.66
6/15/2013	\$904.66
7/15/2013	\$904.66
8/15/2013	\$904.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,427.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69272	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69272	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69310** SURETY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,294.32
4/15/2013	\$1,294.32
5/15/2013	\$1,294.32
6/15/2013	\$1,294.32
7/15/2013	\$1,294.32
8/15/2013	\$1,294.32
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,765.92

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69310	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-69310	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69329** SURETY LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69329	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-69329	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69337** AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69337	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69337	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69345** TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,315.56
4/15/2013	\$4,315.56
5/15/2013	\$4,315.56
6/15/2013	\$4,315.56
7/15/2013	\$4,315.56
8/15/2013	\$4,315.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$25,893.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69345	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69345	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69396** TEXAS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,923.88
4/15/2013	\$3,923.88
5/15/2013	\$3,923.88
6/15/2013	\$3,923.88
7/15/2013	\$3,923.88
8/15/2013	\$3,923.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,543.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69477** TIME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$96,268.51
4/15/2013	\$96,268.51
5/15/2013	\$96,268.51
6/15/2013	\$96,268.51
7/15/2013	\$96,268.51
8/15/2013	\$96,268.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$577,611.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69477	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69477	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69485** SECURITY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,286.85
4/15/2013	\$1,286.85
5/15/2013	\$1,286.85
6/15/2013	\$1,286.85
7/15/2013	\$1,286.85
8/15/2013	\$1,286.85
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,721.10

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69485	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69485	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69515** MEDAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,216.54
4/15/2013	\$3,216.54
5/15/2013	\$3,216.54
6/15/2013	\$3,216.54
7/15/2013	\$3,216.54
8/15/2013	\$3,216.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,299.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69515	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-69515	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69566** TRANS WORLD ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$361.96
4/15/2013	\$361.96
5/15/2013	\$361.96
6/15/2013	\$361.96
7/15/2013	\$361.96
8/15/2013	\$361.96
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,171.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69566	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69566	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69604** ALLIANZ LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69604	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69647** CATAMARAN INSURANCE OF OHIO, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69647	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69647	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69663** USAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$81,546.64
4/15/2013	\$81,546.64
5/15/2013	\$81,546.64
6/15/2013	\$81,546.64
7/15/2013	\$81,546.64
8/15/2013	\$81,546.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$489,279.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69663	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69663	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69701** UNION BANKERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$577.40
4/15/2013	\$577.40
5/15/2013	\$577.40
6/15/2013	\$577.40
7/15/2013	\$577.40
8/15/2013	\$577.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,464.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69701	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69701	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69744** UNION LABOR LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,220.24
4/15/2013	\$2,220.24
5/15/2013	\$2,220.24
6/15/2013	\$2,220.24
7/15/2013	\$2,220.24
8/15/2013	\$2,220.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,321.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69744	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69744	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69868** UNITED OF OMAHA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$296,184.60
4/15/2013	\$296,184.60
5/15/2013	\$296,184.60
6/15/2013	\$296,184.60
7/15/2013	\$296,184.60
8/15/2013	\$296,184.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,777,107.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69868	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69868	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **69892** UNITED FARM FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,225.40
4/15/2013	\$1,225.40
5/15/2013	\$1,225.40
6/15/2013	\$1,225.40
7/15/2013	\$1,225.40
8/15/2013	\$1,225.40
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,352.40

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69892	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA13-69892	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA13-69892	Health Care Appeals Fund [ARS § 20-2541(2)]	\$200.00
FRA14-69892	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69914** SEARS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,842.70
4/15/2013	\$1,842.70
5/15/2013	\$1,842.70
6/15/2013	\$1,842.70
7/15/2013	\$1,842.70
8/15/2013	\$1,842.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,056.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69914	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69922** UNITED HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$549.75
4/15/2013	\$549.75
5/15/2013	\$549.75
6/15/2013	\$549.75
7/15/2013	\$549.75
8/15/2013	\$549.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,298.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-69922	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-69922	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69930** UNITED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69930	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69930	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **69973** UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-69973	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-69973	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **70025** GENWORTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$146,648.07
4/15/2013	\$146,648.07
5/15/2013	\$146,648.07
6/15/2013	\$146,648.07
7/15/2013	\$146,648.07
8/15/2013	\$146,648.07
TOTAL INSTALLMENTS PAID IN 2013:	
	\$879,888.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70025	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-70025	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70106** UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$16,358.67
4/15/2013	\$16,358.67
5/15/2013	\$16,358.67
6/15/2013	\$16,358.67
7/15/2013	\$16,358.67
8/15/2013	\$16,358.67
TOTAL INSTALLMENTS PAID IN 2013:	
	\$98,152.02

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70106	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-70106	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70122** UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$767.52
4/15/2013	\$767.52
5/15/2013	\$767.52
6/15/2013	\$767.52
7/15/2013	\$767.52
8/15/2013	\$767.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,605.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70122	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70122	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70130** UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70173** UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$563.65
4/15/2013	\$563.65
5/15/2013	\$563.65
6/15/2013	\$563.65
7/15/2013	\$563.65
8/15/2013	\$563.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,381.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70173	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70173	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70238** VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70319** WASHINGTON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,015.89
4/15/2013	\$9,015.89
5/15/2013	\$9,015.89
6/15/2013	\$9,015.89
7/15/2013	\$9,015.89
8/15/2013	\$9,015.89
TOTAL INSTALLMENTS PAID IN 2013:	
	\$54,095.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70319	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70335** WEST COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$49,570.80
4/15/2013	\$49,570.80
5/15/2013	\$49,570.80
6/15/2013	\$49,570.80
7/15/2013	\$49,570.80
8/15/2013	\$49,570.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$297,424.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70335	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70335	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **70408** UNION SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$95,336.69
4/15/2013	\$95,336.69
5/15/2013	\$95,336.69
6/15/2013	\$95,336.69
7/15/2013	\$95,336.69
8/15/2013	\$95,336.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$572,020.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70408	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70408	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70416** MML BAY STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,179.63
4/15/2013	\$3,179.63
5/15/2013	\$3,179.63
6/15/2013	\$3,179.63
7/15/2013	\$3,179.63
8/15/2013	\$3,179.63
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,077.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70416	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70416	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70435** SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,811.91
4/15/2013	\$3,811.91
5/15/2013	\$3,811.91
6/15/2013	\$3,811.91
7/15/2013	\$3,811.91
8/15/2013	\$3,811.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,871.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70435	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70483** WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,450.62
4/15/2013	\$3,450.62
5/15/2013	\$3,450.62
6/15/2013	\$3,450.62
7/15/2013	\$3,450.62
8/15/2013	\$3,450.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,703.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70580** HUMANADENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,909.24
4/15/2013	\$32,909.24
5/15/2013	\$32,909.24
6/15/2013	\$32,909.24
7/15/2013	\$32,909.24
8/15/2013	\$32,909.24
TOTAL INSTALLMENTS PAID IN 2013:	
	\$197,455.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70580	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70670** HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,007.53
4/15/2013	\$15,007.53
5/15/2013	\$15,007.53
6/15/2013	\$15,007.53
7/15/2013	\$15,007.53
8/15/2013	\$15,007.53
TOTAL INSTALLMENTS PAID IN 2013:	
	\$90,045.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70670	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70670	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70688** TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,815.94
4/15/2013	\$1,815.94
5/15/2013	\$1,815.94
6/15/2013	\$1,815.94
7/15/2013	\$1,815.94
8/15/2013	\$1,815.94
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,895.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70742** FAMILY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70785** PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70785	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70815** HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$229,662.26
4/15/2013	\$229,662.26
5/15/2013	\$229,662.26
6/15/2013	\$229,662.26
7/15/2013	\$229,662.26
8/15/2013	\$229,662.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,377,973.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70815	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70866** ALLSTATE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-70866	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **70939** GERBER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,567.34
4/15/2013	\$15,567.34
5/15/2013	\$15,567.34
6/15/2013	\$15,567.34
7/15/2013	\$15,567.34
8/15/2013	\$15,567.34
TOTAL INSTALLMENTS PAID IN 2013:	
	\$93,404.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-70939	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-70939	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71013** BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71013	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71013	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **71072** MARQUETTE NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$402.70
4/15/2013	\$402.70
5/15/2013	\$402.70
6/15/2013	\$402.70
7/15/2013	\$402.70
8/15/2013	\$402.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,416.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71099** PARKER CENTENNIAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71099	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71099	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71129** DEARBORN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,496.81
4/15/2013	\$19,496.81
5/15/2013	\$19,496.81
6/15/2013	\$19,496.81
7/15/2013	\$19,496.81
8/15/2013	\$19,496.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$116,980.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71153** HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$90,468.08
4/15/2013	\$90,468.08
5/15/2013	\$90,468.08
6/15/2013	\$90,468.08
7/15/2013	\$90,468.08
8/15/2013	\$90,468.08
TOTAL INSTALLMENTS PAID IN 2013:	
	\$542,808.48

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71153	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71161** PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,140.22
4/15/2013	\$21,140.22
5/15/2013	\$21,140.22
6/15/2013	\$21,140.22
7/15/2013	\$21,140.22
8/15/2013	\$21,140.22
TOTAL INSTALLMENTS PAID IN 2013:	
	\$126,841.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71161	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **71323** ZALE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71331** CAREAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$354.95
4/15/2013	\$354.95
5/15/2013	\$354.95
6/15/2013	\$354.95
7/15/2013	\$354.95
8/15/2013	\$354.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,129.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71390** PURITAN LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$735.69
4/15/2013	\$735.69
5/15/2013	\$735.69
6/15/2013	\$735.69
7/15/2013	\$735.69
8/15/2013	\$735.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,414.14

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71404** CONTINENTAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,497.14
4/15/2013	\$2,497.14
5/15/2013	\$2,497.14
6/15/2013	\$2,497.14
7/15/2013	\$2,497.14
8/15/2013	\$2,497.14
TOTAL INSTALLMENTS PAID IN 2013:	
	\$14,982.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71404	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71404	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71412** MUTUAL OF OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$65,173.00
4/15/2013	\$65,173.00
5/15/2013	\$65,173.00
6/15/2013	\$65,173.00
7/15/2013	\$65,173.00
8/15/2013	\$65,173.00
TOTAL INSTALLMENTS PAID IN 2013:	
	\$391,038.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71412	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71412	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71420** SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71439** ASSURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$13,261.45
4/15/2013	\$13,261.45
5/15/2013	\$13,261.45
6/15/2013	\$13,261.45
7/15/2013	\$13,261.45
8/15/2013	\$13,261.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$79,568.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71439	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71439	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71455** FINANCIAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71455	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71455	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71463** CICA LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71463	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71463	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71471** ABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,242.52
4/15/2013	\$7,242.52
5/15/2013	\$7,242.52
6/15/2013	\$7,242.52
7/15/2013	\$7,242.52
8/15/2013	\$7,242.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$43,455.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71471	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71471	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71480** GREAT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,860.43
4/15/2013	\$27,860.43
5/15/2013	\$27,860.43
6/15/2013	\$27,860.43
7/15/2013	\$27,860.43
8/15/2013	\$27,860.43
TOTAL INSTALLMENTS PAID IN 2013:	
	\$167,162.58

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-71480	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71595** LEWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71714** BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$32,153.55
4/15/2013	\$32,153.55
5/15/2013	\$32,153.55
6/15/2013	\$32,153.55
7/15/2013	\$32,153.55
8/15/2013	\$32,153.55
TOTAL INSTALLMENTS PAID IN 2013:	
	\$192,921.30

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71714	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71714	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71730** CONTINENTAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,935.84
4/15/2013	\$12,935.84
5/15/2013	\$12,935.84
6/15/2013	\$12,935.84
7/15/2013	\$12,935.84
8/15/2013	\$12,935.84
TOTAL INSTALLMENTS PAID IN 2013:	
	\$77,615.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71730	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71768** HM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71768	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71768	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71773** AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,288.88
4/15/2013	\$2,288.88
5/15/2013	\$2,288.88
6/15/2013	\$2,288.88
7/15/2013	\$2,288.88
8/15/2013	\$2,288.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,733.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71773	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71773	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71854** AAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,507.39
4/15/2013	\$17,507.39
5/15/2013	\$17,507.39
6/15/2013	\$17,507.39
7/15/2013	\$17,507.39
8/15/2013	\$17,507.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$105,044.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71854	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71854	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71870** FIDELITY SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$60,446.16
4/15/2013	\$60,446.16
5/15/2013	\$60,446.16
6/15/2013	\$60,446.16
7/15/2013	\$60,446.16
8/15/2013	\$60,446.16
TOTAL INSTALLMENTS PAID IN 2013:	
	\$362,676.96

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71870	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **71919** DIRECT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-71919	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-71919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **71986** TRANSAM ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **72052** AETNA HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,328.50
4/15/2013	\$3,328.50
5/15/2013	\$3,328.50
6/15/2013	\$3,328.50
7/15/2013	\$3,328.50
8/15/2013	\$3,328.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,971.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-72052	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-72052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **72125** PHYSICIANS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$19,078.23
4/15/2013	\$19,078.23
5/15/2013	\$19,078.23
6/15/2013	\$19,078.23
7/15/2013	\$19,078.23
8/15/2013	\$19,078.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$114,469.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-72125	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-72125	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **72222** AMICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,184.98
4/15/2013	\$2,184.98
5/15/2013	\$2,184.98
6/15/2013	\$2,184.98
7/15/2013	\$2,184.98
8/15/2013	\$2,184.98
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,109.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-72222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **72613** USAA DIRECT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-72613	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-72613	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **72850** UNITED WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,226.74
4/15/2013	\$20,226.74
5/15/2013	\$20,226.74
6/15/2013	\$20,226.74
7/15/2013	\$20,226.74
8/15/2013	\$20,226.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$121,360.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-72850	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-72850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **72958** CANYON STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **73288** HUMANA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$24,659.75
4/15/2013	\$24,659.75
5/15/2013	\$24,659.75
6/15/2013	\$24,659.75
7/15/2013	\$24,659.75
8/15/2013	\$24,659.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$147,958.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-73288	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-73288	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **73474** DENTEGRA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,116.97
4/15/2013	\$14,116.97
5/15/2013	\$14,116.97
6/15/2013	\$14,116.97
7/15/2013	\$14,116.97
8/15/2013	\$14,116.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$84,701.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-73474	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-73474	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **73504** GENERATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **74004** FAMILY SERVICE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-74004	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **74209** EVERENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-74209	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-74209	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **74780** INTEGRITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-74780	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-74780	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **74900** AURIGEN REINSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-74900	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-74900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **76007** OLD UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,506.70
4/15/2013	\$2,506.70
5/15/2013	\$2,506.70
6/15/2013	\$2,506.70
7/15/2013	\$2,506.70
8/15/2013	\$2,506.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,040.20

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **76023** COLUMBIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,609.42
4/15/2013	\$2,609.42
5/15/2013	\$2,609.42
6/15/2013	\$2,609.42
7/15/2013	\$2,609.42
8/15/2013	\$2,609.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,656.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-76023	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-76023	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **76112** OXFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **76236** CINCINNATI LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,983.10
4/15/2013	\$4,983.10
5/15/2013	\$4,983.10
6/15/2013	\$4,983.10
7/15/2013	\$4,983.10
8/15/2013	\$4,983.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,898.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-76236	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-76236	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **76325** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,754.51
4/15/2013	\$10,754.51
5/15/2013	\$10,754.51
6/15/2013	\$10,754.51
7/15/2013	\$10,754.51
8/15/2013	\$10,754.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$64,527.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-76325	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-76325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **76694** LONDON LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-76694	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-76694	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **76759** SENIOR AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,561.90
4/15/2013	\$1,561.90
5/15/2013	\$1,561.90
6/15/2013	\$1,561.90
7/15/2013	\$1,561.90
8/15/2013	\$1,561.90
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,371.40

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77119** SENTINEL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77119	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77151** SERVICE LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **77399** STERLING LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,934.70
4/15/2013	\$4,934.70
5/15/2013	\$4,934.70
6/15/2013	\$4,934.70
7/15/2013	\$4,934.70
8/15/2013	\$4,934.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$29,608.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77674** TOWN & COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77674	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77674	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77690** TRANS-CITY LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,581.52
4/15/2013	\$5,581.52
5/15/2013	\$5,581.52
6/15/2013	\$5,581.52
7/15/2013	\$5,581.52
8/15/2013	\$5,581.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,489.12

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77720** LIFESECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$354.81
4/15/2013	\$354.81
5/15/2013	\$354.81
6/15/2013	\$354.81
7/15/2013	\$354.81
8/15/2013	\$354.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,128.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77720	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77720	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77828** COMPANION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$33,644.62
4/15/2013	\$33,644.62
5/15/2013	\$33,644.62
6/15/2013	\$33,644.62
7/15/2013	\$33,644.62
8/15/2013	\$33,644.62
TOTAL INSTALLMENTS PAID IN 2013:	
	\$201,867.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77828	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77828	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77879** 5 STAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,861.47
4/15/2013	\$8,861.47
5/15/2013	\$8,861.47
6/15/2013	\$8,861.47
7/15/2013	\$8,861.47
8/15/2013	\$8,861.47
TOTAL INSTALLMENTS PAID IN 2013:	
	\$53,168.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77879	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **77925** WESTERN UNITED LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-77925	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **77968** FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$11,447.30
4/15/2013	\$11,447.30
5/15/2013	\$11,447.30
6/15/2013	\$11,447.30
7/15/2013	\$11,447.30
8/15/2013	\$11,447.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$68,683.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-77968	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-77968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78077** MONY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,613.95
4/15/2013	\$12,613.95
5/15/2013	\$12,613.95
6/15/2013	\$12,613.95
7/15/2013	\$12,613.95
8/15/2013	\$12,613.95
TOTAL INSTALLMENTS PAID IN 2013:	
	\$75,683.70

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78093** FINANCIAL ASSURANCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-78093	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **78301** CORVESTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **78549** FUTURAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	78611	HCSC INSURANCE SERVICES COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-78611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-78611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78662** SENIOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-78662	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-78662	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78700** AETNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-78700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-78700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78743** NEW ERA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-78743	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-78743	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **78778** GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,431.45
4/15/2013	\$1,431.45
5/15/2013	\$1,431.45
6/15/2013	\$1,431.45
7/15/2013	\$1,431.45
8/15/2013	\$1,431.45
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,588.70

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-78778	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-78778	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79014** SAFEHEALTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79014	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79022** TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,063.48
4/15/2013	\$1,063.48
5/15/2013	\$1,063.48
6/15/2013	\$1,063.48
7/15/2013	\$1,063.48
8/15/2013	\$1,063.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,380.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79022	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79022	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79057** SOUTHLAND NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,406.54
4/15/2013	\$1,406.54
5/15/2013	\$1,406.54
6/15/2013	\$1,406.54
7/15/2013	\$1,406.54
8/15/2013	\$1,406.54
TOTAL INSTALLMENTS PAID IN 2013:	
	\$8,439.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79057	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79057	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79065** SUN LIFE ASSURANCE COMPANY OF CANADA (U.S.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,738.74
4/15/2013	\$9,738.74
5/15/2013	\$9,738.74
6/15/2013	\$9,738.74
7/15/2013	\$9,738.74
8/15/2013	\$9,738.74
TOTAL INSTALLMENTS PAID IN 2013:	
	\$58,432.44

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79065	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79065	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79227** PRUCO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$110,144.44
4/15/2013	\$110,144.44
5/15/2013	\$110,144.44
6/15/2013	\$110,144.44
7/15/2013	\$110,144.44
8/15/2013	\$110,144.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$660,866.64

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **79413** UNITEDHEALTHCARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,815,094.12
4/15/2013	\$1,815,094.12
5/15/2013	\$1,815,094.12
6/15/2013	\$1,815,094.12
7/15/2013	\$1,815,094.12
8/15/2013	\$1,815,094.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,890,564.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79413	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **79987** MEDICO CORP LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-79987	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-79987	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80020** MOUNTAIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80020	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **80055** SMART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **80314** UNICARE LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,811.50
4/15/2013	\$1,811.50
5/15/2013	\$1,811.50
6/15/2013	\$1,811.50
7/15/2013	\$1,811.50
8/15/2013	\$1,811.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,869.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80314	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80314	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80578** PHYSICIANS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,350.73
4/15/2013	\$27,350.73
5/15/2013	\$27,350.73
6/15/2013	\$27,350.73
7/15/2013	\$27,350.73
8/15/2013	\$27,350.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$164,104.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80578	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80659** CANADA LIFE ASSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,646.30
4/15/2013	\$2,646.30
5/15/2013	\$2,646.30
6/15/2013	\$2,646.30
7/15/2013	\$2,646.30
8/15/2013	\$2,646.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,877.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80659	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80659	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80705** GREAT-WEST LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,663.65
4/15/2013	\$2,663.65
5/15/2013	\$2,663.65
6/15/2013	\$2,663.65
7/15/2013	\$2,663.65
8/15/2013	\$2,663.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$15,981.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80799** CELTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,613.30
4/15/2013	\$10,613.30
5/15/2013	\$10,613.30
6/15/2013	\$10,613.30
7/15/2013	\$10,613.30
8/15/2013	\$10,613.30
TOTAL INSTALLMENTS PAID IN 2013:	
	\$63,679.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80799	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80799	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80802** SUN LIFE ASSURANCE COMPANY OF CANADA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$101,773.57
4/15/2013	\$101,773.57
5/15/2013	\$101,773.57
6/15/2013	\$101,773.57
7/15/2013	\$101,773.57
8/15/2013	\$101,773.57
TOTAL INSTALLMENTS PAID IN 2013:	
	\$610,641.42

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80802	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80837** UNION CENTRAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,808.41
4/15/2013	\$18,808.41
5/15/2013	\$18,808.41
6/15/2013	\$18,808.41
7/15/2013	\$18,808.41
8/15/2013	\$18,808.41
TOTAL INSTALLMENTS PAID IN 2013:	
	\$112,850.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80837	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80837	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80896** CENTRE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,872.64
4/15/2013	\$2,872.64
5/15/2013	\$2,872.64
6/15/2013	\$2,872.64
7/15/2013	\$2,872.64
8/15/2013	\$2,872.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,235.84

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80896	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80896	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80926** SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,930.02
4/15/2013	\$3,930.02
5/15/2013	\$3,930.02
6/15/2013	\$3,930.02
7/15/2013	\$3,930.02
8/15/2013	\$3,930.02
TOTAL INSTALLMENTS PAID IN 2013:	
	\$23,580.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80926	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80926	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80942** ING USA ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,101.31
4/15/2013	\$1,101.31
5/15/2013	\$1,101.31
6/15/2013	\$1,101.31
7/15/2013	\$1,101.31
8/15/2013	\$1,101.31
TOTAL INSTALLMENTS PAID IN 2013:	
	\$6,607.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80942	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80942	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **80985** 4 EVER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,207.25
4/15/2013	\$1,207.25
5/15/2013	\$1,207.25
6/15/2013	\$1,207.25
7/15/2013	\$1,207.25
8/15/2013	\$1,207.25
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,243.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-80985	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-80985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81043** BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81043	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81043	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **81078** AMERICAN NETWORK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81108** UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,961.59
4/15/2013	\$6,961.59
5/15/2013	\$6,961.59
6/15/2013	\$6,961.59
7/15/2013	\$6,961.59
8/15/2013	\$6,961.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$41,769.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81108	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81132** LIFE OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81213** AMERICAN MATURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81213	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81213	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81264** NIPPON LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81264	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81264	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81353** NYLIFE INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,540.68
4/15/2013	\$4,540.68
5/15/2013	\$4,540.68
6/15/2013	\$4,540.68
7/15/2013	\$4,540.68
8/15/2013	\$4,540.68
TOTAL INSTALLMENTS PAID IN 2013:	
	\$27,244.08

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81396** DELTA DENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81396	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81418** AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,283.50
4/15/2013	\$3,283.50
5/15/2013	\$3,283.50
6/15/2013	\$3,284.00
7/15/2013	\$3,283.50
8/15/2013	\$3,283.50
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,701.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81418	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81418	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81426** COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81426	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81426	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81442** MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,128.27
4/15/2013	\$2,128.27
5/15/2013	\$2,128.27
6/15/2013	\$2,128.27
7/15/2013	\$2,128.27
8/15/2013	\$2,128.27
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,769.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81442	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81442	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81779** INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81779	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81779	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **81973** COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-81973	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-81973	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82082** CITIZENS NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-82082	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-82082	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82252** LANDMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-82252	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82406** ALL SAVERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,840.88
4/15/2013	\$2,840.88
5/15/2013	\$2,840.88
6/15/2013	\$2,840.88
7/15/2013	\$2,840.88
8/15/2013	\$2,840.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$17,045.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-82406	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-82406	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82538** NATIONAL HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-82538	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-82538	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82627** SWISS RE LIFE & HEALTH AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-82627	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-82627	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **82880** CSI LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-82880	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-82880	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **83232** EVERGREEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **83445** WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **83607** GUGGENHEIM LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-83607	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-83607	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **84174** ELCO MUTUAL LIFE AND ANNUITY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$789.51
4/15/2013	\$789.51
5/15/2013	\$789.51
6/15/2013	\$789.51
7/15/2013	\$789.51
8/15/2013	\$789.51
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,737.06

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84174	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84174	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **84506** PACIFICARE LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84506	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84506	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **84522** AUTO CLUB LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$310.65
4/15/2013	\$310.65
5/15/2013	\$310.65
6/15/2013	\$310.65
7/15/2013	\$310.65
8/15/2013	\$310.65
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,863.90

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84522	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84522	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **84530** U.S. FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$6,719.46
4/15/2013	\$6,719.46
5/15/2013	\$6,719.46
6/15/2013	\$6,719.46
7/15/2013	\$6,719.46
8/15/2013	\$6,719.46
TOTAL INSTALLMENTS PAID IN 2013:	
	\$40,316.76

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-84530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	84549	SYMPHONIX HEALTH INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84549	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84549	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **84697** AMERICAN SPECIALTY HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84697	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84697	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **84786** COLORADO BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,098.38
4/15/2013	\$2,098.38
5/15/2013	\$2,098.38
6/15/2013	\$2,098.38
7/15/2013	\$2,098.38
8/15/2013	\$2,098.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$12,590.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84786	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84786	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **84824** COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,683.03
4/15/2013	\$3,683.03
5/15/2013	\$3,683.03
6/15/2013	\$3,683.03
7/15/2013	\$3,683.03
8/15/2013	\$3,683.03
TOTAL INSTALLMENTS PAID IN 2013:	
	\$22,098.18

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-84824	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-84824	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **85189** INVESTORS CONSOLIDATED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-85189	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-85189	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **85286** ONENATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-85286	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-85286	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **85472** NATIONAL SECURITY LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-85472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **85537** WELLINGTON LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **85561** PERICO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-85561	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-85561	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **85766** UNITED CONCORDIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,812.11
4/15/2013	\$28,812.11
5/15/2013	\$28,812.11
6/15/2013	\$28,812.11
7/15/2013	\$28,812.11
8/15/2013	\$28,812.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$172,872.66

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **85944** INVESTORS GROWTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 56:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86126** MEMBERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86126	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86231** TRANSAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$209,499.60
4/15/2013	\$209,499.60
5/15/2013	\$209,499.60
6/15/2013	\$209,499.60
7/15/2013	\$209,499.60
8/15/2013	\$209,499.60
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,256,997.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86231	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86231	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86258** GENERAL RE LIFE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-86258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86355** STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,279.23
4/15/2013	\$3,279.23
5/15/2013	\$3,279.23
6/15/2013	\$3,279.23
7/15/2013	\$3,279.23
8/15/2013	\$3,279.23
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,675.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86355	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86355	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86371** ULLICO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86371	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86509** ING LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,744.83
4/15/2013	\$2,744.83
5/15/2013	\$2,744.83
6/15/2013	\$2,744.83
7/15/2013	\$2,744.83
8/15/2013	\$2,744.83
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,468.98

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86509	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86509	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **86630** PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-86630	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-86630	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **87017** SCOR GLOBAL LIFE RE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-87017	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-87017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **87394** MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **87572** SCOTTISH RE (U.S.), INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-87572	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **87645** UNITED FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$366.38
4/15/2013	\$366.38
5/15/2013	\$366.38
6/15/2013	\$366.38
7/15/2013	\$366.38
8/15/2013	\$366.38
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,198.28

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-87645	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-87645	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **87726** METLIFE INSURANCE COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$21,403.42
4/15/2013	\$21,403.42
5/15/2013	\$21,403.42
6/15/2013	\$21,403.42
7/15/2013	\$21,403.42
8/15/2013	\$21,403.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$128,420.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-87726	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-87726	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **87963** NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-87963	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-87963	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88072** HARTFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$7,823.75
4/15/2013	\$7,823.75
5/15/2013	\$7,823.75
6/15/2013	\$7,823.75
7/15/2013	\$7,823.75
8/15/2013	\$7,823.75
TOTAL INSTALLMENTS PAID IN 2013:	
	\$46,942.50

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88080** XL LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88080	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88080	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88099** OPTIMUM RE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88099	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88099	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88153** COLONIAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88153	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88366** AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88366	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88366	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88536** PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88536	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88595** EMPHESYS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **88668** MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-88668	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-88668	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **89087** ENTERPRISE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$341.48
4/15/2013	\$341.48
5/15/2013	\$341.48
6/15/2013	\$341.48
7/15/2013	\$341.48
8/15/2013	\$341.48
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,048.88

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-89087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-89087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **89184** STERLING INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$787.29
4/15/2013	\$787.29
5/15/2013	\$787.29
6/15/2013	\$787.29
7/15/2013	\$787.29
8/15/2013	\$787.29
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,723.74

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-89184	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-89184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **89206** OHIO NATIONAL LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,375.49
4/15/2013	\$15,375.49
5/15/2013	\$15,375.49
6/15/2013	\$15,375.49
7/15/2013	\$15,375.49
8/15/2013	\$15,375.49
TOTAL INSTALLMENTS PAID IN 2013:	
	\$92,252.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-89206	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-89206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **89427** AMERICAN LABOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **89958** J.M.I.C. LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-89958	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-89958	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90212** GREAT SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,169.61
4/15/2013	\$2,169.61
5/15/2013	\$2,169.61
6/15/2013	\$2,169.61
7/15/2013	\$2,169.61
8/15/2013	\$2,169.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,017.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90212	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90212	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90247** PHARMACISTS LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$425.76
4/15/2013	\$425.76
5/15/2013	\$425.76
6/15/2013	\$425.76
7/15/2013	\$425.76
8/15/2013	\$425.76
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,554.56

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-90247	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90328** FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,204.73
4/15/2013	\$1,204.73
5/15/2013	\$1,204.73
6/15/2013	\$1,204.73
7/15/2013	\$1,204.73
8/15/2013	\$1,204.73
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,228.38

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90328	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90328	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **90557** ZURICH AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,238.61
4/15/2013	\$3,238.61
5/15/2013	\$3,238.61
6/15/2013	\$3,238.61
7/15/2013	\$3,238.61
8/15/2013	\$3,238.61
TOTAL INSTALLMENTS PAID IN 2013:	
	\$19,431.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90557	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90557	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90581** SYMETRA NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90611** ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$42,889.04
4/15/2013	\$42,889.04
5/15/2013	\$42,889.04
6/15/2013	\$42,889.04
7/15/2013	\$42,889.04
8/15/2013	\$42,889.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$257,334.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90638** BEST LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,999.20
4/15/2013	\$1,999.20
5/15/2013	\$1,999.20
6/15/2013	\$1,999.20
7/15/2013	\$1,999.20
8/15/2013	\$1,999.20
TOTAL INSTALLMENTS PAID IN 2013:	
	\$11,995.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90638	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90638	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **90670** SCOTTISH RE LIFE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-90670	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-90670	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, 2013

NAIC / Name **91413** WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$26,432.72
4/15/2013	\$26,432.72
5/15/2013	\$26,432.72
6/15/2013	\$26,432.72
7/15/2013	\$26,432.72
8/15/2013	\$26,432.72
TOTAL INSTALLMENTS PAID IN 2013:	
	\$158,596.32

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-91413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-91413	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **91472** GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$25,602.74
4/15/2013	\$25,602.66
5/15/2013	\$25,602.66
6/15/2013	\$25,602.66
7/15/2013	\$25,602.66
8/15/2013	\$25,602.66
TOTAL INSTALLMENTS PAID IN 2013:	
	\$153,616.04

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91472	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91529** UNIMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$4,667.06
4/15/2013	\$4,667.06
5/15/2013	\$4,667.06
6/15/2013	\$4,667.06
7/15/2013	\$4,667.06
8/15/2013	\$4,667.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$28,002.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91529	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91529	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91596** NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$71,808.56
4/15/2013	\$71,808.56
5/15/2013	\$71,808.56
6/15/2013	\$71,808.56
7/15/2013	\$71,808.56
8/15/2013	\$71,808.56
TOTAL INSTALLMENTS PAID IN 2013:	
	\$430,851.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91596	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91596	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91626** NEW ENGLAND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$18,088.89
4/15/2013	\$18,088.89
5/15/2013	\$18,088.89
6/15/2013	\$18,088.89
7/15/2013	\$18,088.89
8/15/2013	\$18,088.89
TOTAL INSTALLMENTS PAID IN 2013:	
	\$108,533.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91626	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91642** FORETHOUGHT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$8,939.99
4/15/2013	\$8,939.99
5/15/2013	\$8,939.99
6/15/2013	\$8,939.99
7/15/2013	\$8,939.99
8/15/2013	\$8,939.99
TOTAL INSTALLMENTS PAID IN 2013:	
	\$53,639.94

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-91642	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-91642	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91693** IA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91693	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **91785** AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-91785	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-91785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **91898** LIFECARE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **91910** AMERICAN SAVINGS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92274** LANDCAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$954.04
4/15/2013	\$954.04
5/15/2013	\$954.04
6/15/2013	\$954.04
7/15/2013	\$954.04
8/15/2013	\$954.04
TOTAL INSTALLMENTS PAID IN 2013:	
	\$5,724.24

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92444** DOCTORS' LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92444	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92525** TRUASSURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92525	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92622** WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,393.06
4/15/2013	\$3,393.06
5/15/2013	\$3,393.06
6/15/2013	\$3,393.06
7/15/2013	\$3,393.06
8/15/2013	\$3,393.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,358.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92622	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92622	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name	92649	AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92657** NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$27,579.77
4/15/2013	\$27,579.77
5/15/2013	\$27,579.77
6/15/2013	\$27,579.77
7/15/2013	\$27,579.77
8/15/2013	\$27,579.77
TOTAL INSTALLMENTS PAID IN 2013:	
	\$165,478.62

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92657	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92703** UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92703	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92711** HCC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$28,831.80
4/15/2013	\$28,831.80
5/15/2013	\$28,831.80
6/15/2013	\$28,831.80
7/15/2013	\$28,831.80
8/15/2013	\$28,831.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$172,990.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92711	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92738** AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-92738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92908** HEALTHMARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-92908	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-92908	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **92916** UNITED AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$20,959.91
4/15/2013	\$20,959.91
5/15/2013	\$20,959.91
6/15/2013	\$20,959.91
7/15/2013	\$20,959.91
8/15/2013	\$20,959.91
TOTAL INSTALLMENTS PAID IN 2013:	
	\$125,759.46

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-92916	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-92916	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93262** PENN INSURANCE AND ANNUITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$17,976.81
4/15/2013	\$17,976.81
5/15/2013	\$17,976.81
6/15/2013	\$17,976.81
7/15/2013	\$17,976.81
8/15/2013	\$17,976.81
TOTAL INSTALLMENTS PAID IN 2013:	
	\$107,860.86

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93262	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93262	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93432** C.M. LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$10,553.39
4/15/2013	\$10,553.39
5/15/2013	\$10,553.39
6/15/2013	\$10,553.39
7/15/2013	\$10,553.39
8/15/2013	\$10,553.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$63,320.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93432	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93432	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93440** HM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$33,410.52
4/15/2013	\$33,410.52
5/15/2013	\$33,410.52
6/15/2013	\$33,410.52
7/15/2013	\$33,410.52
8/15/2013	\$33,410.52
TOTAL INSTALLMENTS PAID IN 2013:	
	\$200,463.12

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93440	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93459** PAN-AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,204.69
4/15/2013	\$1,204.69
5/15/2013	\$1,204.69
6/15/2013	\$1,204.69
7/15/2013	\$1,204.69
8/15/2013	\$1,204.69
TOTAL INSTALLMENTS PAID IN 2013:	
	\$7,228.14

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-93459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-93459	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93513** METLIFE INVESTORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-93513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-93513	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93521** GENERAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-93521	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-93521	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93548** PHL VARIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$12,459.12
4/15/2013	\$12,459.12
5/15/2013	\$12,459.12
6/15/2013	\$12,459.12
7/15/2013	\$12,459.12
8/15/2013	\$12,459.12
TOTAL INSTALLMENTS PAID IN 2013:	
	\$74,754.72

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93548	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93548	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93572** RGA REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93572	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93572	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 2/28/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **93610** JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,736.28
4/15/2013	\$2,736.28
5/15/2013	\$2,736.28
6/15/2013	\$2,736.28
7/15/2013	\$2,736.28
8/15/2013	\$2,736.28
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,417.68

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-93610	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-93610	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93629** PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93629	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93629	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93661** ANNUITY INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93661	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93661	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93688** QCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-93688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-93688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **93696** FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$724.97
4/15/2013	\$724.97
5/15/2013	\$724.97
6/15/2013	\$724.97
7/15/2013	\$724.97
8/15/2013	\$724.97
TOTAL INSTALLMENTS PAID IN 2013:	
	\$4,349.82

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93696	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93696	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93734** PHOENIX LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$491.71
4/15/2013	\$491.71
5/15/2013	\$491.71
6/15/2013	\$491.71
7/15/2013	\$491.71
8/15/2013	\$491.71
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,950.26

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93734	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93734	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93742** SECURIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$617.70
4/15/2013	\$617.70
5/15/2013	\$617.70
6/15/2013	\$617.70
7/15/2013	\$617.70
8/15/2013	\$617.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$3,706.20

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93742	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **93777** PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,768.39
4/15/2013	\$5,768.39
5/15/2013	\$5,768.39
6/15/2013	\$5,768.39
7/15/2013	\$5,768.39
8/15/2013	\$5,768.39
TOTAL INSTALLMENTS PAID IN 2013:	
	\$34,610.34

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-93777	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-93777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **93815** PACIFIC CENTURY LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **94072** SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-94072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-94072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **94188** LIFEWISE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-94188	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-94188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **94218** COUNTRY INVESTORS LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,287.10
4/15/2013	\$2,287.10
5/15/2013	\$2,287.10
6/15/2013	\$2,287.10
7/15/2013	\$2,287.10
8/15/2013	\$2,287.10
TOTAL INSTALLMENTS PAID IN 2013:	
	\$13,722.60

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-94218	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-94218	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **94250** BANNER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$38,523.59
4/15/2013	\$38,523.59
5/15/2013	\$38,523.59
6/15/2013	\$38,523.59
7/15/2013	\$38,523.59
8/15/2013	\$38,523.59
TOTAL INSTALLMENTS PAID IN 2013:	
	\$231,141.54

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-94250	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-94250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **94358** USABLE LIFE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,059.64
TOTAL INSTALLMENTS PAID IN 2013:	
	\$9,059.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-94358	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-94358	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **94498** STATE FARM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-94498	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-94498	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **94587** MEMBERS HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95109** AETNA HEALTH INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$219,619.11
4/15/2013	\$219,619.11
5/15/2013	\$219,619.11
6/15/2013	\$219,619.11
7/15/2013	\$219,619.11
8/15/2013	\$219,619.11
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,317,714.66

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-95109	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-95109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name	95125	CIGNA HEALTHCARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$237,882.26
4/15/2013	\$237,882.26
5/15/2013	\$237,882.26
6/15/2013	\$237,882.26
7/15/2013	\$237,882.26
8/15/2013	\$237,882.26
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,427,293.56

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95206** HEALTH NET OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$324,157.70
4/15/2013	\$324,157.70
5/15/2013	\$324,157.70
6/15/2013	\$324,157.70
7/15/2013	\$324,157.70
8/15/2013	\$324,157.70
TOTAL INSTALLMENTS PAID IN 2013:	
	\$1,944,946.20

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95224** PREMIER CHOICE DENTAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,064.88
4/15/2013	\$3,064.88
5/15/2013	\$3,064.88
6/15/2013	\$3,064.88
7/15/2013	\$3,064.88
8/15/2013	\$3,064.88
TOTAL INSTALLMENTS PAID IN 2013:	
	\$18,389.28

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95366** ALPHA DENTAL OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 61:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$1,762.58
4/15/2013	\$1,762.58
5/15/2013	\$1,762.58
6/15/2013	\$1,762.58
7/15/2013	\$1,762.58
8/15/2013	\$1,762.58
TOTAL INSTALLMENTS PAID IN 2013:	
	\$10,575.48

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **95617** PACIFICARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95885** HUMANA HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-95885	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-95885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **95982** MEDISUN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$14,343.09
4/15/2013	\$14,343.09
5/15/2013	\$14,343.09
6/15/2013	\$14,343.09
7/15/2013	\$14,343.09
8/15/2013	\$14,343.09
TOTAL INSTALLMENTS PAID IN 2013:	
	\$86,058.54

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **96016** UNITEDHEALTHCARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 63:	\$75.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$333,952.49
4/15/2013	\$333,952.49
5/15/2013	\$333,952.49
6/15/2013	\$333,952.49
7/15/2013	\$333,952.49
8/15/2013	\$333,952.49
TOTAL INSTALLMENTS PAID IN 2013:	
	\$2,003,714.94

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **97055** MEGA LIFE AND HEALTH INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,874.06
4/15/2013	\$15,874.06
5/15/2013	\$15,874.06
6/15/2013	\$15,874.06
7/15/2013	\$15,874.06
8/15/2013	\$15,874.06
TOTAL INSTALLMENTS PAID IN 2013:	
	\$95,244.36

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97055	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97055	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97136** METROPOLITAN TOWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$5,650.80
4/15/2013	\$5,650.80
5/15/2013	\$5,650.80
6/15/2013	\$5,650.80
7/15/2013	\$5,650.80
8/15/2013	\$5,650.80
TOTAL INSTALLMENTS PAID IN 2013:	
	\$33,904.80

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-97136	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-97136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97152** PLATEAU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97152	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97179** UNITEDHEALTHCARE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$15,799.42
4/15/2013	\$15,799.42
5/15/2013	\$15,799.42
6/15/2013	\$15,799.42
7/15/2013	\$15,799.42
8/15/2013	\$15,799.42
TOTAL INSTALLMENTS PAID IN 2013:	
	\$94,796.52

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97179	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97241** | SETTLERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-97241	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-97241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

NAIC / Name **97268** PACIFIC LIFE & ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$1,500.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97292** | MAGELLAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-97292	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-97292	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97691** LIFE OF THE SOUTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
HCA14-97691	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA14-97691	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97705** DIRECT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97721** THRIVENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97721	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97721	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97764** IDEALIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97764	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97764	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **97772** US HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-97772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-97772	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **98205** NATIONAL FOUNDATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$2,815.37
4/15/2013	\$2,815.37
5/15/2013	\$2,815.37
6/15/2013	\$2,815.37
7/15/2013	\$2,815.37
8/15/2013	\$2,815.37
TOTAL INSTALLMENTS PAID IN 2013:	
	\$16,892.22

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-98205	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-98205	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **99724** LIFESHIELD NATIONAL INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-99724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-99724	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **99775** FUNERAL DIRECTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$3,456.44
4/15/2013	\$3,456.44
5/15/2013	\$3,456.44
6/15/2013	\$3,456.44
7/15/2013	\$3,456.44
8/15/2013	\$3,456.44
TOTAL INSTALLMENTS PAID IN 2013:	
	\$20,738.64

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-99775	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2013**

NAIC / Name **99937** COLUMBUS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2014

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee (Form E-TAX, line 5)	Code 58:	\$135.00
Annual Statement Filing Fee (Form E-TAX, line 6)	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! Only enter the "TOTAL INSTALLMENTS PAID" amount on Form E-TAX, section C, line 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2013	\$9,570.13
4/15/2013	\$9,570.13
5/15/2013	\$9,570.13
6/15/2013	\$9,570.13
7/15/2013	\$9,570.13
8/15/2013	\$9,570.13
TOTAL INSTALLMENTS PAID IN 2013:	
	\$57,420.78

FORM E-RT: ASSESSMENTS PAID TO ARIZONA

Assessment #	Description	Amount Paid
FRA14-99937	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA14-99937	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00

FORM E-RT: FEES PAID TO ARIZONA

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2013**

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