

INVOICE

**FLORIDA DEPARTMENT OF INSURANCE
DIVISION OF INSURER SERVICES
DOMESTIC INSURER
APPLICATION FOR PERMIT**

PROPOSED NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

PLEASE SPECIFY: DOMESTIC PROPERTY AND CASUALTY INSURER,
DOMESTIC LIFE AND ACCIDENT HEALTH INSURER (STOCK, MUTUAL,
ASSESSABLE MUTUAL, CAPTIVE)

FILING FEE: \$25.00

1. Make check payable to the Florida Department of Insurance and mail check and invoice only to the Florida Department of Insurance, Bureau of Financial and Support Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Send a copy of the check and a copy of the invoice along with the completed application package to the Florida Department of Insurance, Division of Insurer Services, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0326.

<u>B/T</u>	<u>TY/CL</u>	<u>F/T</u>	<u>AMOUNT</u>
C	10-08	F	\$25.00