

INVOICE

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
DOMESTIC INSURER**

APPLICATION FOR CERTIFICATE OF AUTHORITY:

NAME OF COMPANY: _____

FEIN #: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: () _____ - _____

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

_____ (CITY) (STATE) (ZIP CODE)

1. Make check payable to the Florida Department of Financial Services and mail check and invoice only to the Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Send a copy of the check and the invoice along with the completed application package to the Florida Department of Financial Services, Office of Insurance Regulation, Applications Coordination Section, 200 E. Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

	B/T	TY/CL	F/T	AMOUNT
Company License Tax	C	10/30	L	\$1,000.00
Filing Fee	C	10/06	F	<u>\$1,500.00</u>
			Total	\$2,500.00