

**INVOICE**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATIONS COORDINATION SECTION  
REQUEST FOR CERTIFICATE OF COMPLIANCE FOR AMENDED CERTIFICATE OF  
AUTHORITY**

NAME OF COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

ADDRESS: (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

PLEASE NOTE:

1. Send a check in the amount of \$5.00, made payable to the Department of Financial Services. Mail check and invoice only to the Florida Department of Financial Services, Bureau of Financial Support Services, PO Box 6100, Tallahassee, Florida 32314-6100.
2. Send a copy of the check and a copy of the invoice along with the completed Application For Adding New Line Of Business. The complete address for mailing the application is: Florida Department of Financial Services, Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.
3. In the event that the requested modification to the Certificate of Authority is made, a new Certificate of Compliance Showing the lines of business that the insurer is authorized to write in Florida will be issued.

<u>TY/CL</u>	<u>F/T</u>	<u>AMOUNT</u>
11/41	W	\$5.00