

INVOICE

DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

REQUEST FOR PAYMENT OF APPLICATION FEES
ACQUISITION OF CONTROLLING INTEREST OF A DOMESTIC INSURER

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

1. Make payable to the Department of Financial Services and **mail check and invoice only** to the Florida Department of Financial Services, Bureau of Financial 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 Department of Financial Services, Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

TYPE: 10

CLASS: 06

Filing Fee: \$1,500.00