

**INVOICE**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
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 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.

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