

**INVOICE**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
PAYMENT OF APPLICATION FEES AND TAXES  
APPLICATION FOR CERTIFICATE OF AUTHORITY**

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

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

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

CITY, STATE & ZIP CODE: \_\_\_\_\_

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

ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

In reference to the recent submission by the above-referenced insurer regarding its application to do business in Florida, it is necessary that you return this form with the proper payment as listed below.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the 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>
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

**OIR-C1-881  
REV 10/97**