INVOICE

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

REQUEST FOR PAYMENT OF APPLICATION FEES

NAME OF ARRANGEMENT: _____

FEIN _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

ADDRESS (IF DIFFERENT FROM ARRANGEMENT ADDRESS)

_____

_____
(CITY) (STATE) (ZIP CODE)

In reference to the submission of the above-referenced specialty insurer's application to do business in Florida, it is necessary for this form to be returned with proper payment.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail the check and invoice only to the Florida Department of Financial Services, Bureau of Financial Services, Post Office 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 Florida Office of Insurance Regulation, Applications Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
	$1,500	**12**	**07**	**3**	**09**	**02**

OIR-C1-980
REV 10/93