

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
MONTGOMERY, ALABAMA 36104**

**APPLICATION FOR RENEWAL OF  
CERTIFICATE OF AUTHORITY OF INSURANCE COMPANY**

**TO THE COMMISSIONER OF INSURANCE OF THE STATE OF ALABAMA:**

Application is hereby made for renewal of Certificate of Authority for the year beginning June 1, 20\_\_, for the same powers and or lines of insurance as granted under the company's Certificate of Authority issued for the prior year.

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1. NAIC No. \_\_\_\_\_ E-MAIL Address: \_\_\_\_\_

Name of Company \_\_\_\_\_

Home Office \_\_\_\_\_  
(Street and Number) (City, State and Zip)

Mailing Address \_\_\_\_\_  
(Street and Number) (City, State and Zip)

United States Manager \_\_\_\_\_  
(for Companies Organized Outside of United States Only)

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2. Designation of our agent for service of process in the State of Alabama:

\_\_\_\_\_  
(Name of Agent for Service of Process)

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City and Zip Code)

\_\_\_\_\_  
(County)

SEAL

IN WITNESS WHEREOF, the said company has caused this application to be signed by its President or Vice-President and Secretary or Assistant Secretary, and attested by its corporate seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
President or Vice President

\_\_\_\_\_  
Secretary or Assistant Secretary

OR

\_\_\_\_\_  
United States Manager