

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
PREPAID HEALTH CLINIC**

Company Name

Address

City, State, Zip

(Fee 641.412, Florida Statutes)

Application	\$100.00	12-43	3092
Filing Fee	\$ 50.00	12-43	2062
Annual Report	\$100.00	12-44	3091
Filing Fee	\$ 50.00	12-44	2062

Please mail fees to:

Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32399-6100

All other correspondence and requests should be sent to:

Office of Insurance Regulation
Applications Coordination Section
200 East Gaines Street
Tallahassee, Florida 32399-0332