



# Arkansas Insurance Department

INFORMATION SYSTEMS DIVISION

1200 WEST THIRD STREET

LITTLE ROCK, AR 72201-1904

TELEPHONE: 501-371-2657 FAX: 501-371-2618

## FACSIMILE TRANSMITTAL COVER SHEET

RE: COMPANY LIST REQUEST

FROM: Beth Davis  
Clarissa Smith  
Information Systems Division

# of pages: 2 incl. this cover sheet

Attached is the **Information Systems Fee Schedule/Order Sheet** you requested. The requested information may be placed on paper, diskette, CD, e-mail or labels. **Please note that if you do not select a media choice, the requested report will be done on paper.** Label listings **only** contain the company name and address. All other medias contain the company name, address, in addition to, an identifier, which will indicate what line the agent sells – Life, Accident/Health/Sickness, or Property/Casualty. Diskette, CD and email orders are available in Excel (please indicate what version) or Access2003 only.

A '**Single Company or Agency**' list is a list of a specific company's appointments. An '**All Companies**' list is a list of **ALL** companies licensed to business in Arkansas.

We cannot guarantee the accuracy of the company's addresses and business phone numbers. They are shown in the department file as last reported by the company.

We are also able to furnish **Company Listings with Agent Appointment** lists for Life and Property companies. These listings are available on **CD only**.

I have attached an **Information Systems Fee Schedule/Order Sheet** for your consideration. Please review, thoroughly complete and return with payment to the address on the form. Incomplete forms will be returned to you for completion.

**IF YOU HAVE ANY QUESTIONS REGARDING THE ATTACHED ORDER SHEET, PLEASE CONTACT BETH DAVIS CLARISSA SMITH IN THE INFORMATION SYSTEMS DIVISION AT (501) 371-2657.**

Thank you for your inquiry.



# Arkansas Insurance Department

INFORMATION SYSTEMS DIVISION

1200 WEST THIRD STREET

LITTLE ROCK, AR 72201-1904

**TELEPHONE: 501-371-2657 FAX: 501-371-2618**

Circle the report(s) requested and the desired media type. **IF NO MEDIA TYPE IS MARKED, THE REPORT WILL BE DONE ON PAPER.** The fee for each report is as indicated. If you want the same report on two types of media, the total cost will be the indicated fee for each media. For example: If you select All Companies to be prepared on paper and diskette, the fee will be \$100 -- \$50 for the paper listing and \$50 for the diskette listing.

Please make all checks payable to: **THE STATE INSURANCE DEPARTMENT TRUST FUND.**  
Return check and order form to the attention of **Information Systems** at the address listed above.

Select Media Type:

(P) PAPER     (D) DISKETTE     (C) CD     (L) LABELS     (E) E-MAIL

Licensed Company Listings	ALL	FOREIGN	DOMESTIC	
All Companies	\$50	\$45	\$5	
Property & Casualty	\$25	\$20	\$5	
Life & Disability	\$25	\$20	\$5	
Health (group & individual)	\$25			
Employee Leasing	\$ 5			
Farm Mutual Aid	\$ 5			
Fraternal	\$ 5			
HMOs	\$ 5			
Motor Clubs	\$ 5			
Multiple Employee Trusts	\$ 5			
Purchasing Groups	\$ 5			
Risk Retention Groups	\$ 5			
Surety Insurers	\$ 5			
Surplus Lines	\$ 5			
Third Party Administrators	\$ 5			
Title	\$ 5			
Viatical Brokers/Providers	\$ 5			
Workers Comp	\$ 5			
<b>*List name of company on single company reports.</b>  ***Reports on Labels will be \$4 extra per 1,000 plus paper cost. <b>CALL FOR PRICING ON LABELS</b>  <b>DISK/E-MAIL/CD –</b> <b>Please indicate software and version preference:</b> <input type="checkbox"/> EXCEL version # _____ <input type="checkbox"/> ACCESS 2003 _____				
Company Listings w/ Agent Appointments Access2003 and CD format only **				
All Life Companies	\$170	** Due to their size these Reports are only available on CD		
All Property Companies	\$170			
	<b>Paper</b>	<b>Diskette</b>	<b>Email</b>	*Company/Agency Name _____
<b>Single Company*</b>	\$10	\$ 5	\$ 5	NAIC#/EIN# _____
<b>Single Agency*</b>	\$10	\$ 5	\$ 5	
<b>Special Project</b>	AS QUOTED			
Customer Name :				Order Total : \$ _____
Mailing Address :				
				<b>FOR DEPARTMENTAL USE ONLY</b>
				Route Slip Number :
Contact Name :				Route Slip Date :
Phone # :				Check Number :
Fax # :				Check Amount :
E-mail Address :				