

DISTRIBUTION CONFIRMATION

Date: _____

Contact Name: _____

Jurisdiction Name: _____

Address: _____

City, State Zip: _____

Dear _____:

Funds for Insurance Premium Tax will be distributed in the following account(s):

Agency	Routing #	Account #	Distribution %	Tax Type/Rate Code
Jurisdiction Fund			100%	Insurance Premium Tax

If at any time there are any discrepancies between the schedule set out above and your Municipality's records, please notify us in writing immediately.

IT IS YOUR RESPONSIBILITY TO PROVIDE NOTICE TO US OF ANY CHANGES IN THE DISTRIBUTION OF FUNDS. NOTICE MUST BE IN WRITING AND SENT, VIA CERTIFIED MAIL, TO:

LaMATS (RDS)
600 Beacon Parkway West, Suite 900
Birmingham, Alabama 35209
ATTN: Kennon Walthall, President

Thank you for your assistance. If you have any questions, or if I may be of assistance, please let me know.

Sincerely Yours,
Connie Taylor
Client Relations Manager
LaMATS/RDS
205-423-4144 direct dial
205-423-4097 direct fax

I have reviewed the above distribution and verify that it is correct.

By:

Name:
Title:

RDS President