ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

120 South Riverside Plaza, Suite 1016 Chicago, Illinois 60606-3997 (312) 793-8550 FAX: (312) 793-8422

MOTOR VEHICLE THEFT PREVENTION TRUST FUND

INSURER WORKSHEET

INSTRUCTIONS: Payment for calendar year 2007 is due by <u>April 1, 2008</u>. Complete the following information even if no fee is due. Please type or print and follow the instructions presented on the reverse side of this form.

INSURANCE COMPANY NAME					FEIN NUMBER	
STREET ADDRESS						
CITY				STATE	ZIP CODE	
TOTAL EARNED CAR YEARS x \$1.00			TOTAL FEE DUE			
				(round to nearest whole dollar)		
		x \$1.00				
NAME OF OFFICIAL COMPLETING WORKSHEET					TITLE	
SIGNATURE OF OFFICIAL COMPLETING WORKSHEET					DATE	
	TELEPHONE NUMBER FAX			FAX NUMBER (op	tional)	

Coll02 2003