ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

300 West Adams Street, Suite 200 Chicago, Illinois 60606-3997 (312) 793-8550 FAX: (312) 793-8422

MOTOR VEHICLE THEFT PREVENTION TRUST FUND

INSURER WORKSHEET

INSTRUCTIONS: Payment for calendar year 2010 must be received by the Council by <u>April 1, 2011</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.

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 NUMBER (opt	tional)

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