TO: Alabama Workers’ Compensation Division (AWCD)

EDI Business Coordinator: Craig White
Phone Number: 334-956-4047
Email: Craig.White@labor.alabama.gov

FROM: (Trading Partner): ____________________________________________

Legal Name (no abbreviations):

*Sender ID FEIN:_________________  * Postal Code (9 digits):___________________

Date Prepared:__________________

* The Sender ID FEIN and Postal Code should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the full Insurer/Claim Administrator Legal Name, FEIN, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction’s present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with AWCD requirements as outlined in the EDI Trading Partner Agreement Instructions.

<table>
<thead>
<tr>
<th>#</th>
<th>Insurer/Claim Administrator Legal Name</th>
<th>Insurer/Claim Administrator FEIN</th>
<th>Jurisdiction Assigned ID</th>
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Please use additional pages for more than 10 insurers.