STATE OF INDIANA





ERIC HOLCOMB, Governor

Indiana Department of Insurance

311 W. Washington Street, Suite 300 Indianapolis, Indiana 46204-2787 Telephone: (317) 232-2385 Fax: (317) 232-5251 Amy L. Beard, Commissioner

SCHEDULE OF COMPANY FEES, TAXES, AND DEPOSITS

Life, Health, Annuity, Property & Casualty or Title Companies NOTE: In accordance with IC 27-1-20-12 all fees, deposits and taxes are subject to retaliation.

Section I – Fees

Admission Fees Foreign Insurers – (due at time of application)	
Foreign Insurers: Issuance of Certificate of Authority	\$ 50
Annual Statement	100 350
Articles of Incorporation Bylaws	25
Appointment of Agent for Service of Process	10
Appointment of Agent for Service of Frocess	\$ 535
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Domestic Insurers	\$ 350
Admission Fee or Application for Amendment of Certificate of Authority	
HMO - IC 27-13-27-1	\$ 350
LSHMO – IC 27-13-34-23	\$ 350
Captive Insurer Registration Fee	#2.500
Initial Proceed (Dua 4/15)	\$2,500
Renewal (Due 4/15)	\$2,500
Annual Fees Domestic Insurers – (due March 1) Farm Mutual	
Filing Annual Statement	\$ 100
Certificate of Authority Renewal	50
Internal Audit Fee	\$ 250
	\$ 400
Fraternal	•
Filing of Annual Statement	\$ 25
Renewal of Certificate of Authority	25
Internal Audit Fee	250_
	\$ 300
HMO's & LSHMO's	
Filing Annual Statement	\$ 50
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
L'C DOC D ' 1 IDDC'	\$1,100
Life, P&C, Reciprocals and RRG's	\$ 100
Filing Annual Statement and Consolidated Statement Renewal of Certificate of Authority	\$ 100 50
Internal Audit Fee	1,000
Internal Liver 100	\$1,150
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Title	
Filing Annual Statement	\$ 20
Renewal of Certificate of Authority	5
Internal Audit Fee	1,000
	\$1,025
Annual Fees Foreign Insurers – (due March 1)	
Fraternal	
Filing of Annual Statement	\$ 25
Renewal of Certificate of Authority	25
Internal Audit Fee	250
	\$ 300
HMO & LSHMO	
Filing Annual Statement	\$ 50
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
L'C DOC ID '	\$1,100
Life, P&C and Reciprocals	¢ 100
Filing of Annual Statement and Consolidated Statement Internal Audit Fee	\$ 100 1,000
	50
Certificate of Authority Renewal Examining Statement of Condition	5
Examining Statement of Condition	\$1,155
Risk Retention Groups	\$1,133
Filing of Annual Statement	\$ 100
Title	ψ 100
Filing of Annual Statement	\$ 20
Renewal of Certificate of Authority	5
Internal Audit Fee	1,000
	\$1,025
Other Fees – (due with amended document and/or request)	. ,
Filing of Articles of Incorporation	\$ 10
Filing of Bylaws	25
Certifying Documents	10
Certificate of Compliance	10
Certificate of Deposit	10
Certificate of Valuation	10
Filing Service of Process	10
Filing of Change of Control	25
Redomestication to Indiana	
Application fee for redomestication to Indiana	\$ 450
Filing amended Articles of Incorporation	10
Amended Bylaws	25
Amended Certificate of Authority	10
	\$ 495
Redomestication (foreign)	Φ 10
Articles of Incorporation (if amended)	\$ 10
Amended Certificate of Authority	10
Bylaws (if amended)	25
	\$ 45

Name Change Filing	
Amended Articles of Incorporation	\$ 10
Amended Bylaws	25
Amended Certificate of Authority	10
y	\$ 45
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Addition/Deletion of Line of Business Filing	
	\$ 10
Amended Articles of Incorporation (only if amended)	·
Amended Certificate of Authority	10
	\$ 20
Section II – Taxes	
Premium Tax rate of 1.3% on Direct Premium Written is due and payable on or before March 1.	
Quarterly tax payments and statement are due and payable on or before:	
April 15, June 15, Sept 15 and Dec 15	
Section III Democits	
Section III – Deposits	
Life – IC $27-1-12-2(b)(8)(g)$	
Statutory Deposit to operate in the state must be in place at time of admission, which will be	\$1,000,000
for the benefit of all policyholders and must consist of cash or U.S. obligations.	
Foreign insurers may present a certificate indicating that the company maintains a like deposit.	
P&C, Reciprocals & RRGs – IC 27-1-6-14(d) stock; IC 27-1-6-15(d) mutual	
Statutory Deposit to operate in the state must be in place at time of admission, which will be for	\$ 100,000
the benefit of all policyholders and must consist of cash or U.S. obligations.	4,
Foreign insurers may present a certificate indicating that the company maintains a like deposit.	
1 or organ mount of o many processes at continuous management of company management and acquired	
Bail Bond Deposit – IC 27-10-3-15	
•	\$ 75,000
Any company requesting authorization to write bail bond must place cash on deposit at time	\$ 75,000
of licensure with the Department.	
HMO – IC 27-13-13-1	
Statutory Deposit to operate in the state must be in placed with the Department at time of	\$ 500,000
admission, which will be for the benefit of all members, and must consist of cash or U.S.	
obligations	
LSHMO – IC 27-13-34-17	
Statutory Deposit to operate in the state must be in placed with the Department at time of	\$50,000
admission, which will be for the benefit of all members, and must consist of cash or U.S.	Ψ50,000
obligations	
Section IV – Minimum Capitalization or Net Worth Required for Licensure	
Life, Health or Property & Casualty – IC 27-1-6-14	
Stock Capital Paid-Up	\$1,000,000
Surplus	1,000,000
Total Capital and Surplus	\$2,000,000
Total Capital and Sulpius	\$2,000,000

Mutual Life, Health or Property & Casualty – IC 27-1-6-15 Surplus

\$2,000,000

HMO (Net Worth) – IC 27-13-12-2

\$1,500,000

LSHMO (Net Worth) - IC 27-13-34-16

\$ 50,000

Admission Fee Contact

Connie Wright Phone: 317-232-1994

Fax: 317-232-5252
Cowright1@idoi.in.gov

Annual Renewal/Retaliatory Fee & Premium Tax Contact

Debra Graves

Phone: 317-232-1993 Fax: 317-232-5252 dgraves@idoi.in.gov

Amended Certificate of Authority & Related Fee Contact

Vacant

Phone: 317-232-2428 Fax: 317-232-5252 agunter@idoi.in.gov

Deposit Contact

Nasya Burkeen Phone: 317-232-2383

Fax: 317-232-5252 nburkeen@idoi.in.gov