



# STATE OF INDIANA

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ERIC HOLCOMB, Governor

## Indiana Department of Insurance

311 W. Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

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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
Articles of Incorporation	350
Bylaws	25
Appointment of Agent for Service of Process	10
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	\$ 535

Domestic Insurers	\$ 350
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#### 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

Initial	\$2,500
Renewal (Due 7/1)	\$2,500

#### Annual Fees Domestic Insurers – (due March 1)

Farm Mutual	
Filing Annual Statement	\$ 100
Certificate of Authority Renewal	50
Internal Audit Fee	\$ 250
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	\$ 400

#### Fraternal

Filing of Annual Statement	\$ 25
Renewal of Certificate of Authority	25
Internal Audit Fee	250
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	\$ 300

#### HMO's & LSHMO's

Filing Annual Statement	\$ 50
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
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	\$1,100

#### Life, P&C, Reciprocal and RRG's

Filing Annual Statement and Consolidated Statement	\$ 100
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
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	\$1,150

ACCREDITED BY THE  
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES  
(317) 232-2413

COMPANY COMPLIANCE  
(317) 233-0697

CONSUMER SERVICES  
(317) 232-2395  
1-800-622-4461

EXAMINATIONS/FINANCIAL SERVICES  
(317) 232-2390

MEDICAL MALPRACTICE  
(317) 232-2402

COMPANY RECORDS  
(317) 232-5692

STATE HEALTH INSURANCE PROGRAM  
1-800-332-4674

Title	
Filing Annual Statement	\$ 20
Renewal of Certificate of Authority	5
Internal Audit Fee	1,000
	<u>\$1,025</u>
<u>Annual Fees Foreign Insurers – (due March 1)</u>	
Fraternal	
Filing of Annual Statement	\$ 25
Renewal of Certificate of Authority	25
Internal Audit Fee	250
	<u>\$ 300</u>
HMO & LSHMO	
Filing Annual Statement	\$ 50
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
	<u>\$1,100</u>
Life, P&C and Reciprocal	
Filing of Annual Statement and Consolidated Statement	\$ 100
Internal Audit Fee	1,000
Certificate of Authority Renewal	50
Examining Statement of Condition	5
	<u>\$1,155</u>
Risk Retention Groups	
Filing of Annual Statement	\$ 100
Title	
Filing of Annual Statement	\$ 20
Renewal of Certificate of Authority	5
Internal Audit Fee	1,000
	<u>\$1,025</u>
<u>Other Fees – (due with amended document and/or request)</u>	
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
	<u>\$ 495</u>
Redomestication (foreign)	
Articles of Incorporation (if amended)	\$ 10
Amended Certificate of Authority	10
Bylaws (if amended)	25
	<u>\$ 45</u>

Name Change Filing	
Amended Articles of Incorporation	\$ 10
Amended Bylaws	25
Amended Certificate of Authority	10
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	\$ 45
Addition/Deletion of Line of Business Filing	
Amended Articles of Incorporation (only if amended)	\$ 10
Amended Certificate of Authority	10
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	\$ 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 – 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 for the benefit of all policyholders and must consist of cash or U.S. obligations.	\$1,000,000
<b>Foreign insurers may present a certificate indicating that the company maintains a like deposit.</b>	
P&C, Reciprocal & 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 the benefit of all policyholders and must consist of cash or U.S. obligations.	\$ 100,000
<b>Foreign insurers may present a certificate indicating that the company maintains a like deposit.</b>	
Bail Bond Deposit – IC 27-10-3-15	
Any company requesting authorization to write bail bond must place cash on deposit at time of licensure with the Department.	\$ 75,000
HMO – IC 27-13-13-1	
Statutory Deposit to operate in the state must be in placed with the Department at time of admission, which will be for the benefit of all members, and must consist of cash or U.S. obligations	\$ 500,000
LSHMO – IC 27-13-34-17	
Statutory Deposit to operate in the state must be in placed with the Department at time of admission, which will be for the benefit of all members, and must consist of cash or U.S. obligations	\$50,000

**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	<hr/>
	\$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](mailto:Cowright1@idoi.in.gov)

**Amended Certificate of Authority  
& Related Fee Contact**

Vacant  
Phone: 317-232-2428  
Fax: 317-232-5252  
[agunter@idoi.in.gov](mailto:agunter@idoi.in.gov)

**Annual Renewal/Retaliatory Fee  
& Premium Tax Contact**

Debra Graves  
Phone: 317-232-1993  
Fax: 317-232-5252  
[dgraves@idoi.in.gov](mailto:dgraves@idoi.in.gov)

**Deposit Contact**

Britney Tate  
Phone: 317-232-2383  
Fax: 317-232-5252  
[btate@idoi.in.gov](mailto:btate@idoi.in.gov)