



STATE OF INDIANA

DOI

ERIC HOLCOMB, Governor

Indiana Department of Insurance
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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 |
| | \$ 535 |

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

| | |
|-------------------|---------|
| 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 |
| | \$ 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 |
| | \$1,100 |

Life, P&C, Reciprocals and RRG's

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

EXAMINATIONS/FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402

COMPANY RECORDS
(317) 232-5692

STATE HEALTH INSURANCE PROGRAM
1-800-332-4674

1-800-622-4461

| | | |
|---|--------|--|
| Title | | |
| Filing Annual Statement | \$ 20 | |
| Renewal of Certificate of Authority | 5 | |
| Internal Audit Fee | 1,000 | |
| | 1,025 | |
| <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 | |
| | 300 | |
| HMO & LSHMO | | |
| Filing Annual Statement | \$ 50 | |
| Renewal of Certificate of Authority | 50 | |
| Internal Audit Fee | 1,000 | |
| | 1,100 | |
| Life, P&C and Reciprocals | | |
| Filing of Annual Statement and Consolidated Statement | \$ 100 | |
| Internal Audit Fee | 1,000 | |
| Certificate of Authority Renewal | 50 | |
| Examining Statement of Condition | 5 | |
| | 1,155 | |
| 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 | |
| | 1,025 | |
| <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 | |
| | 495 | |
| Redomestication (foreign) | | |
| 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 | |
| | <hr/> | |
| | \$ 45 | |

| | | |
|---|-------|--|
| Addition/Deletion of Line of Business Filing | | |
| Amended Articles of Incorporation (only if amended) | \$ 10 | |
| Amended Certificate of Authority | 10 | |
| | <hr/> | |
| | \$ 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

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 the benefit of all policyholders and must consist of cash or U.S. obligations. \$ 100,000

Foreign insurers may present a certificate indicating that the company maintains a like deposit.

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

 \$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
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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

Britney Tate
Phone: 317-232-2383
Fax: 317-232-5252
btate@idoi.in.gov