



STATE OF INDIANA

IDOI

ERIC HOLCOMB, Governor

Indiana Department of Insurance

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Stephen W. Robertson, 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
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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
	\$ 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, Reciprocal and RRG's	
Filing Annual Statement and Consolidated Statement	\$ 100
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
	\$1,150

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Title	
Filing Annual Statement	\$ 20
Renewal of Certificate of Authority	5
Internal Audit Fee	1,000
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	\$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
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	\$ 300
HMO & LSHMO	
Filing Annual Statement	\$ 50
Renewal of Certificate of Authority	50
Internal Audit Fee	1,000
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	\$1,100
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
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	\$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
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	\$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
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	\$ 495
Redomestication (foreign)	
Articles of Incorporation (if amended)	\$ 10
Amended Certificate of Authority	10
Bylaws (if amended)	25
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	\$ 45

Name Change Filing	
Amended Articles of Incorporation	\$ 10
Amended Bylaws	25
Amended Certificate of Authority	10
	\$ 45
 Addition/Deletion of Line of Business Filing	
Amended Articles of Incorporation (only if amended)	\$ 10
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 – 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, 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

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**

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dgraves@idoi.in.gov

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

Vacant
 Phone: 317-232-2428
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Deposit Contact

Britney Tate
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