



**STATE OF INDIANA
DEPARTMENT OF INSURANCE**

State Form 6130(R7/9-97)
Approved by the State Board of Accounts 1997

Initials _____
Date: _____
Check Number: _____
Amount: _____
ROC: _____

INDIANA FEE AND RETALIATORY FEE STATEMENT
YEAR ENDING DECEMBER 31, _____

Instructions:

1. Complete the worksheet.
2. Send an individual check and statement for each company; do not send a group check.
3. Mail the form with remittance separately; do not include with Annual Statement or other correspondence.
4. Payments are due annually on or before March 1st.

Name of Company _____

Address _____

State of Domicile _____ Company NAIC Number (5 digit) _____

Type of Company: L&H P&C Title Fraternal HMO LSHMO Farm Mutual Other _____

I. FILING FEES (Retaliatory Basis)

	Indiana Basis	State of Domicile Basis
1. Filing of Annual Statement or Consolidated Statement	\$ _____	\$ _____
L&H, P&C, Risk Retention and Reciprocal - Foreign and Domestic Only IC 27-1-3-15(a); \$100		
HMO & LSHMO IC 27-13-27-1(a); IC 27-13-34-23(a); \$50		
Farm Mutual IC 27-1-3-13; \$25		
Assessment Company IC 27-8-1-8; \$10		
Fraternal IC 27-11-8-2; \$25		
Title IC 27-7-3-15; \$20		
2. Renewal of Certificate of Authority (Farm Mutual, HMO & LSHMO Exempt) IC 27-13-27-27; IC 27-13-34-23; \$50	\$ _____	\$ _____
3. Examining Statement of Condition (Assessment, Fraternal, Domestic Companies, HMO & LSHMO Exempt) IC 27-1-3-15(a); IC 27-5-9-13; \$5	\$ _____	\$ _____
4. Other Fees (State of Domicile)	\$ <u>XXX</u>	\$ _____
5. Total Fees (Add lines 1 through 4)	\$ _____	\$ _____
6. Compare Totals on Line 5; enter the larger number ----->	\$ _____	

