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For Cash Management Use Only

Accredited Reinsurer or Alien Reinsurer Maintaining U.S. Trust

Fee Form
Due March 1

Date: _____ Amount: \$ 1,231.00 Check #: _____

NAIC Number: _____

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Fee Schedule:

§10-3-207, C.R.S. Fees paid by Non Admitted Reinsurers:

Type of Fee	Amount
Annual Fee:	\$ 670.00
Fraud Fee:	\$ 561.00

SUBMIT SEPARATE CHECK FOR EACH COMPANY
Make Check payable to Colorado Division of Insurance.

Please attach check to current Fee Form and mail by March 1st to:

Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202

Inquiries: email DOI.CorporateAffairs@dora.state.co.us

12/2011

