



Division of Insurance

Preneed Contract Seller
Annual Fee Form
Due March 31

**For Cash Management Use
Only**

Form F

Date: _____ Amount: \$ _____

Company Name: _____

Mailing Address: _____

Contact Person: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Preneed Contract Price (as listed on the face of the preneed contract for all listed items, including cash advances):

Trust Funded Contracts: \$ _____
Insurance Funded Contracts: \$ _____

Aggregate Preneed Contract Price: \$ _____

Annual Report Fee Due: \$ _____

**Fees paid by Preneed Contract Sellers for Annuals Renewal Based on Aggregate
Preneed Contract Price:**

Aggregate Preneed Contract Price	Fee For Licensed Sellers (\$10-15-103(5)(b), CRS)	Fee for Non-Licensed Sellers (\$10-15-104, CRS)
\$100,000 or less	\$100	\$50
\$100,001 to \$500,000	\$200	\$100
\$500,001 to \$1,000,000	\$500	\$250
\$1,000,001 to \$5,000,000	\$1,000	\$500
\$5,000,001 to \$10,000,000	\$1,500	\$750
\$10,000,001 and over	\$2,000	\$1,000

Make check payable to **Colorado Division of Insurance** and mail along with this form to the following address:

Colorado Division of Insurance
Attn: Cash Management
1560 Broadway, Suite 850
Denver, Colorado 80202

