

STATE OF FLORIDA

SCHEDULE OF FEES, TAXES AND DEPOSITS

Annuity, Life, Fraternal, Health, Property, Casualty, Title Companies, PrePaid Health Clinic, PrePaid Limited Health Organization, Health Maintenance Organization, Discount Medical Plan Organization, Multiple Employer Welfare Arrangement

Section I – Fees

Insurer Admission Fees (due at time of application)	
Certificate of Authority (COA) application fee	\$1,500.00
Certificate of Authority License Tax	1,000.00
Reinstatement	50.00

Certificate of Authority or License Fee	
Prepaid Limited Health Service Organizations (PLHSO)	500.00
Health Maintenance Organizations (HMO)	1,000.00
Prepaid Health Clinics (PHC)	150.00
Discount Medical Plan Organization (DMPO)	50.00
Multiple Employer Welfare Arrangement (MEWA)	1,500.00

Annual License Tax	
COA Renewals (due before June 1)	1,000.00
Except:	
PLHSO	500.00
HMO	None
PHC	None
DMPO	50.00
MEWA	None
Fraternal Benefit Societies insuring less than 200 Members with prerequisite membership condition of possessing a physical handicap or disability	25.00

Filing Fees for Insurer Financial Statements	
Annual and Quarterly Statements	250.00
Except:	
PLHSO	200.00
HMO	150.00
PHC	150.00
DMPO	None
MEWA	None

Other Fees (due with amended documents)	
>Authenticating any Office document or instrument or certifying under its Seal	5.00
>Copies of documents	Per page .50
>Examination of Insurer by Office	Actual Cost
>Filing of Articles of Incorporation or other Charter Documents	10.00
>Filing Amended Articles of Incorporation or other Charter Documents	5.00
>Filing of Bylaws or amendments thereto	5.00
>Name Change	5.00
>Redomestication	5.00

If you have any questions or need assistance, please contact Gwen Chick at the Florida Office of Insurance Regulation.

Phone: 850-413-2570
FAX: 850-922-2229
E-Mail: Gwen.Chick@flor.com

STATE OF FLORIDA

SCHEDULE OF FEES, TAXES AND DEPOSITS

Annuity, Life, Fraternal, Health, Property, Casualty, Title Companies, PrePaid Health Clinic, PrePaid Limited Health Organization Health Maintenance Organization , Discount Medical Plan Organization, Multiple Employer Welfare Arrangement

Section II – Premiums Taxes

If you have any questions or need assistance with taxes, please contact Greg Blair at the Florida Department of Revenue.

Phone: 850-414-5694
FAX: 850-487-9878
E-Mail: Blairg@dor.state.fl.us

Section III – Deposits

Domestic Insurer (624.411, Florida Statutes)	
Casualty	\$250,000
All others (\$100,000 per kind of insurance/not to exceed \$300,000 total)	100,000
Foreign Insurer (624.411, Florida Statutes)	
Casualty	150,000
All others (\$100,000 per kind of insurance/not to exceed \$200,000 total)	100,000
PLHSO pursuant to Section 636.046, Florida Statutes	50,000
HMO pursuant to Section 641.227, Florida Statutes	10,000
HMO pursuant to Section 641.285, Florida Statutes	300,000 (minimum)
PHC pursuant to Section 641.409, Florida Statutes	30,000
DMPO pursuant to Section 636.236(2), Florida Statutes	35,000
MEWA pursuant to Section 624.441, Florida Statutes	calculated amount
Note: Under certain circumstances additional deposits may be required (see Florida Statute 624.411 for specifics).	

Note: Florida law provides for retaliatory tax and computation (see Florida Administrative Code 12B-8.016 for specific calculations).

If you have any questions or need assistance with deposits, please contact the Division of Treasury Bureau of Collateral Management.

Phone: 850-143-3164
FAX: 850-488-0216
E-mail: public.deposits@fldfs.com