

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

FILING FEES – PRIMARY AND EXPANSION APPLICATIONS

The following table shows the fees charged by each state for filing either a Primary or Expansion Uniform Application. Please note that, due to retaliatory statutes, the ultimate amount of fees you pay in any state may be more than the amount indicated below.

✓ = This information has been updated by the state department of Insurance

| State | Filing Fees | Payee | Instructions |
|-------|---|---|---|
| AL | \$1,005 or retaliatory, whichever is greater, due upon <u>approval</u> . \$1,750 nonrefundable application examination fee due at filing. | Alabama DOI P.O. Box 303351 Montgomery, AL 36130 | Mail \$1,750 check with application. Richard L. Ford (334) 241-4151 richard.ford@insurance.alabama.gov |
| AK | \$2,250 or retaliatory, whichever is greater. | Division of Insurance State of Alaska 550 West 7 th Avenue, Suite 1560 Anchorage, AK 99501-3567 | Mail check with application. |
| ✓AZ | Primary Application: \$370.00 Application fee \$22.00 per individual for fingerprint card processing fee Expansion Application: \$670.00 Application Fee \$175.00 Articles of Incorporation filing fee | Arizona Department of Insurance Arizona Department of Insurance Arizona Department of Insurance Arizona Corporation Commission | Arizona Department of Insurance Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018 |
| AR | \$1,000 or retaliatory, whichever is greater | Arkansas DOI Finance Division 1200 West Third Little Rock, AR 72201-1904 | Kimberly S. Johnson Insurance Examiner (501) 371-2680 kimberly.johnson@arkansas.gov |
| CA | Primary App: \$4,233 Expansion App: \$4,233 | Insurance Commissioner State of CA Corp. Affairs Bureau 45 Fremont Street, 24 th Floor San Francisco, CA 94105 | |
| CO | \$500 nonrefundable processing fee | Payable to: Colorado Division of Insurance | Mail checks with application. |

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| CT | \$220 for filing all documents prerequisite to the issuance of a license. Health Care Centers \$1,350 (Primary Apps only) | Treasurer – State of Connecticut | Fee should NOT be included with the application. An invoice will be sent to the applicant for appropriate filing fee. |
| ✓DE | \$1,000 (or retaliatory, whichever is greater) for filing application for initial Certificate of Authority, including all documents submitted as part of such application. \$150 (or retaliatory, whichever is greater) issuance fee for the Certificate of Authority, if application is approved. \$750 Fraud Fund Fee if applicable. | Make checks payable to: Delaware Department of Insurance 841 Silver Lake Boulevard Dover, DE 19904 | All UCAA Primary and Expansion applications must be filed in hard copy form with fees and submitted to the Department. http://insurance.delaware.gov/wp-content/uploads/sites/15/2017/07/schedfetax.pdf |
| DC | \$500 | Make checks payable to: District of Columbia Treasurer Mail Fees To: c/o DC Treasurer, P.O. Box 92180 Washington, DC 20092 | Denise Parker Insurance Licensing Specialist (202)442-7815 denise.parker@dc.gov Mail Correspondence To: Department of Insurance and Securities Regulation 810 First Street, Suite 701 Washington, DC 20002 |
| FL | Primary* & Expansion App: \$1,500 Filing Fee \$1,000 Company License Tax. Primary App: \$25 Permit Filing Fee *If a redomestication and company is already licensed in Florida and license tax is current, \$1,500 filing fee only. | Make checks payable and mail directly to: Department of Financial Services P.O. Box 6100 Tallahassee, Florida 32314-6100 | Applicants are required to include the following codes on each check: Primary & Expansion App: \$1,500 Filing Fee Codes: B/T-C, TY/CL-10/06, F/T-F \$1,000 Company License Tax Codes: B/T-C, TY/CL-10/30, F/T-L Primary App: \$25 Permit Filing Fee Codes: B/T-C, TY/CL-10/08, F/T-F |
| GA | \$600 or retaliatory fee, whichever is greater | Georgia DOI Suite 604, West Tower 2 MLK, Jr. Drive Atlanta, GA 30334 | Application fee should accompany application. |

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| HI | Effective May 28, 2015 Initial Application Fee \$900 (due at time of application) C/A Issuance Fee \$600 Service Fee for current year \$600 (due before issuance of C/A) | Make check payable to: Department of Commerce and Consumer Affairs. | <u>Contacts:</u> Sally D. Bautista, Insurance Examiner Certification and Agency Exam. Section (808) 586-7414 Fax#: (808) 586-3873 <u>sbautista@dcca.hawaii.gov</u> Andrew Chow, Insurance Examiner Phone: (808) 586-8150 Fax: (808) 586-3873 <u>achow@dcca.hawaii.gov</u> |
| ID | Surplus less than \$10M: \$1,000 Surplus greater than \$10M, but less than \$100M: \$2,500 Surplus greater than \$100M: \$4,500 | Idaho Department of Insurance 700 West State Street 3 rd Floor P.O. Box 83720 Boise, ID 83720-0043 | |
| IL | Filing all documents for Expansion Application/Admission \$5,000 Filing all documents for Primary Application/IL Domestic \$2,000 | Illinois Department of Insurance 320 West Washington Springfield, IL 62767 | Mail check with application. |
| IN | See Schedule of Fees at <u>http://www.in.gov/idoi/2328.htm</u> | Indiana DOI 311 W. Washington, Suite 300 Indianapolis, IN 46204-2787 | Mail check with application. |
| IA | Application Filing Fee: Larger of \$50 or retaliatory amount Certificate of Authority Issuing Fee: Larger of \$50 or retaliatory amount Desk Audit Fee in Accordance w/ 507.2: Larger of \$2,000 or retaliatory amount | Iowa Insurance Division Two Ruan Center 601 Locust, 4 th Floor Des Moines, IA 50309-3738 | |
| KS | Larger of \$500 or retaliatory amount, nonrefundable fee due at the time of application submission. <ul style="list-style-type: none"> • Annual Statement Filing Fee \$100 • Certificate of Authority Fee \$10 • Due prior to the issuance of COA | Checks are made payable to the Kansas Insurance Department. | Mail check with application. If the larger admission fee is \$500, additional fees will be required only if the Certificate of Authority is approved. If the larger admission fee is the retaliatory amount, no additional fees will be required. |

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|-------|--|--|--|
| KY | Domestic Companies Charter Documents \$100 Original Certificate of Authority \$500 Total \$600 Foreign Companies Annual Statement \$100 Charter Documents \$100 Original Certificate of Authority \$500 Total \$700 Or retaliatory fee, whichever is greater. | | Checks are made payable to Kentucky State Treasurer and forwarded with the application. |
| LA | Application fee is calculated as follows: Certificate of Authority \$2,500 Recordation of Articles of Incorporation \$25 Total Fee to be submitted \$2,525 | | Checks are made payable to the Louisiana Department of Insurance. The check for Policy Form Review must be a separate check. |
| ME | Primary App: \$1,000 Expansion App: \$1,000 Fees are retaliatory per Title 24-A, M.R.S.A., §428. | Make Checks Payable to: Treasurer, State of Maine Mail to: Maine Bureau of Insurance 34 State House Station Augusta, ME 04333 | |
| ✓MD | Maryland's required Certificate of Authority filing fee is \$1,225 subject to retaliatory provision as set forth in Section 6-303 of the Insurance Article of the Annotated Code of Maryland. Dollar amounts for fees are set forth in the Insurance Article of Annotated Code of Maryland in Sections 2-112, 2-112.1 and 2-113. Fees for Health Maintenance Organizations are set forth in Section 19-709 of Article Health General of the Annotated Code of Maryland. | Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD21202-2272 | Expansion App: Please include a letter from domiciliary jurisdiction setting forth filing requirements and fees for filing an application and issuance of an original Certificate of Authority, pay the greater fees. Victoria Claros Director of Company Licensing 410-468-2134 Victoria.claros@maryland.gov |

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|-------|--|---|--|
| MA | Primary App: \$1,000 Expansion App: Examination Fee \$1,000 Charter Admission Fee \$125 Annual Statement Filing Fee \$150 Total Application Fees \$1,275 | Checks payable to: The Commonwealth of Massachusetts Division of Insurance Massachusetts Division of Insurance Financial Surveillance Unit Attn: Amy Blue Licensing Coordinator 1000 Washington Street, Suite 810 Boston, MA 02118-6200 | Application fee should be mailed with the application. If the application is filed electronically the check for the respective filing fees must be accompanied by an explanatory cover letter. |
| MI | Primary & Expansion Apps: Application Filing Fee \$500 or Retaliatory whichever is the greater amount Certificate of Authority Issuing Fee \$25 or Retaliatory whichever is the greater amount Primary App: Articles of Incorporation Review Fee \$25 (Domestic Only) | Make checks payable to “The State of Michigan” Department of Insurance and Financial Services Office of Insurance Evaluation Mason Building, 7 th Floor 530 W. Allegan Street Lansing, MI 48933 Department of Insurance and Financial Services Office of Insurance Evaluation P.O. Box 30220 Lansing, MI 48909-7720 | Application filing fees must accompany the application. The issuing fees will be billed if the applicant is approved for licensure. |
| ✓MN | Primary & Expansion Apps: Application Fee \$1,500 In addition, the Company is also billed a desk audit charge. Expansion App: Upon licensing the company will be billed \$975.00 for a Property and Casualty Company (including Title Companies) or \$1,025.00 for a Life Company. | Minnesota Department of Commerce 85 7 th Place East, Suite 280 St. Paul, MN 55101-2198 | |

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| MS | Primary App: \$200 Expansion App: \$1,000 HMO - \$5,000 | MS Insurance Department P.O. Box 79 Jackson, MS 39205-0079 Or: 1001 Woolfolk State Office Building 501 N. West Street Jackson, MS 39201 | Mail check with application. Other licensing fees will be requested at the time of licensing. |
| MO | Admission Fee - \$250.00 | DIFP Rm. 530, HST Bldg. 301 W. High Street Jefferson, MO 65101 | Mail check with application. Include notation on check stating company name and "Application fee". |
| MT | \$1,900 or retaliatory, whichever is greater. | Commissioner of Insurance State of Montana 840 Helena Avenue Helena, MT 59601 | Submit payment with the application payable to the Commissioner of Insurance State of Montana Russ Ehman (406) 444-4350 rehman@state.mt.us |
| NE | §44-114 Nonrefundable Preadmission Review Fee: \$1,000 §44-114 Final Admission Filing Fee (Due upon approval): \$300 §44-150 Subject to retaliation | Nebraska DOI 941 "O" Street, Suite 400 Lincoln, NE 68508-3639 | Kristy Hadden, Company Administrator (402) 471-0373 kristy.hadden@nebraska.gov Lori Bruss, Staff Assistant II Examination Division (402) 471-4045 lori.bruss@nebraska.gov |
| NV | http://doi.nv.gov/Insurers/Company-Admissions/ Click on Application Fees | Nevada Division of Insurance Corporate & Financial Affairs 1818 East College Pkwy, Suite 103 Carson City, NV 89706 (775) 687-0700 | Mail check for application fees to the Nevada Division of Insurance. If paying by ACH, an ACH Deposit Form must be submitted at time of payment. Address any ACH questions to Kimberly Aubert at (775) 687-0782. |

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| NH | <p>Primary App: RSA 400-A:I,(a) Application Fee \$1,000 RSA 400-A:I,(b) License Fee \$100 Or RSA400-A:35 Retaliatory Provisions</p> <p>Expansion App: Expansion Application Fee is the larger of \$1,000 or retaliatory amount. License Fee is the larger of \$100 or retaliatory amount (payable upon approval). Fee is non-refundable</p> | <p>Make check payable to New Hampshire Insurance Department</p> <p>New Hampshire Insurance Department Financial Regulation Division 21 South Fruit St. Suite 14 Concord, NH 03301</p> | <p>Expansion App: Please submit proper payment according to company's state of domicile. See state specific page for fees.</p> <p>Mary Verville 603-271-7973 x9254 mary.verville@ins.nh.gov</p> |
| NJ | <p>Primary App: Feasibility Study Review: \$1,000 To file a Certificate of Incorporation of a domestic insurer: \$1,000 Criminal History Checks: \$18 per person Expansion App: Non Life/Health Admissions: \$3,500 Life/Health Admissions: \$5,000</p> | <p>Payable to the New Jersey General Treasury</p> <p>New Jersey Department of Banking and Insurance P.O. Box 325 Trenton, NJ 08625-0325</p> | <p>Fee is submitted with the application.</p> <p>Admissions: Non Life/Health Attn: Kwame Asare</p> <p>Life/Health Attn: Mary Pesce</p> |
| NM | \$1,000 Nonrefundable | <p>Office of Superintendent of Insurance P.O. Box 1689 Santa Fe, NM 87504-1689</p> | <p>Make check payable to: Office of Superintendent of Insurance or OSI</p> |
| NY | <p>\$10 fee for initial issuance of license \$30 fee for initial filing of Charter (certified copy) Per Section 9107 of the N.Y. Ins. Law</p> | <p>All filing fees are payable to the "Superintendent of Financial Services" and must be remitted to the Office of General Counsel in Albany.</p> | |
| ✓NC | <p>Certificate of Authority Application fee (due at time of application) Insurance Company \$1000.00 Health Maintenance Organization \$500.00 Hospital, Medical, Dental Service Corp \$250.00</p> | <p>Make checks payable to: North Carolina Department of Insurance 1201 Mail Service Center Raleigh, NC 27699-1201</p> | <p>Mail check with application. Anne Morgan Company Admissions Officer (919) 807-6603 anne.morgan@ncdoi.gov</p> |
| ND | Larger of \$500 or retaliatory amount | <p>Commissioner North Dakota Insurance Department 600 E. Boulevard Avenue Dept. 401 Bismarck, ND 58505</p> | <p>Yvonne T. Keniston, (701) 328-3328 Fax: (701) 328-9610 ytkeniston@nd.gov</p> |

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| OH | Strictly Retaliatory | Ohio DOI Risk Assessment 50 W. Town Street, Suite 300 Columbus, OH 43215 | Primary & Expansion Apps: Cameron Piatt Assistant Chief-Taxes, Admissions and Foreign Analysis Office of Risk Assessment (614) 728-1074 Cameron.piatt@insurance.ohio.gov Corporate Amendment Apps: Janice Wheatley Office of Risk Assessment (614) 728-1074 Janice.wheatley@insurance.ohio.gov |
| ✓OK | Primary App (Paper Filing): Application Review Fee \$ 1,000 Certificate of Authority \$ 150 Appoint of Commissioner as Agent for Service of Process \$ 10 Expansion App (Electronic Filing Only Through the NAIC): Application review, the greater of retaliatory or \$1,000 Certificate of Authority \$ 150 Appoint of Commissioner as Agent for Service of Process \$ 10 | Oklahoma Insurance Department Financial Division 3625 N.W. 56 th Street, Suite 100 Oklahoma City, OK 73112-45211 Check payable to: Oklahoma Insurance Department State Specific Information https://www.ok.gov/oid/Regulated_Entities/Financial/Forms.html Legal References https://www.ok.gov/oid/Public_Information/Legal/Statutes_and_Rules.html Contact www.oid.ok.gov financial@oid.ok.gov 405-521-3966 | Expansion App: Filing fees should be mailed to the Oklahoma Insurance Department with a cover letter identifying the company name, NAIC CoCode, application tracking number, and a detailed explanation for any additional paperwork/check mailed to the Department. |
| OR | Larger of \$2,500 or retaliatory, nonrefundable amount | Oregon Department of Consumer & Business Services Insurance Division 350 Winter Street NE, Room 440 Salem, OR 97301-3883 | Mail check with application. |

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| PA | \$2,500 | Commonwealth of Pennsylvania | Please mail check with application to: Chief, Company Licensing Division Pennsylvania Insurance Dept. 1345 Strawberry Square Harrisburg, PA 17120 |
| PR | To be authorized the Insurer/Reinsurer must pass through two phases: First phase: \$350 to evaluate the application. After this Office approves the first phase the Insurer/Reinsurer must comply with other requirements and additional fees are required. | Checks payable to: Secretary of Treasury | Office of the Commissioner of Insurance of Puerto Rico Mrs. Glorimar Santiago Admission and Financial Analysis Division B5 C/Tabonuco Suite 216 PMB 356 Guaynabo PR 00968-3029 |
| ✓RI | Primary App: There is no statutory fee for issuing a Certificate of Compliance. However, to obtain a Certificate of Compliance, the applicant must submit to an organizational exam, the cost of which is borne by the applicant, pursuant to <u>§27-13.1-1 et seq</u> Expansion App: <u>RIGL §27-2.1</u> mandates a nonrefundable Application Fee of \$1,200 for new foreign company applications. Upon the completion of the analysis, the applicant will be invoiced for the actual time incurred in conducting the analysis in accordance with the expense calculation for examinations under <u>RIGL §27-13.1-7(a)(1)</u> . Note: Pursuant to <u>RIGL §27-2-17(a)</u> , foreign company fees are retaliatory if the company's state of domicile would charge a R.I. insurance company a higher fee for a like transaction. | General Treasurer – State of Rhode Island | Expansion App: Please mail the application fee with a cover letter at the time of application submission. Review fees will be invoiced at the completion of the process. Julie Savoie Insurance Examiner Rhode Island Insurance Division 1511 Pontiac Avenue Cranston, RI 02920 (401) 462-9566 Julie.Savoie@dbr.ri.gov |
| SC | Strictly Retaliatory | South Carolina DOI 1201 Main Street, Suite 1000 (29201) P.O. Box 100105 Columbia, SC 29202-3105 | Michael Shull Chief Financial Analyst (803) 737-6188 mshull@doi.sc.gov |
| ✓SD | Application filing fee: \$500 Certificate of Authority: \$25 Subject to Retaliatory Law | South Dakota DOI 124 S. Euclid Ave. 2 nd Floor Pierre, SD 57501 | Application filing fee is non-refundable. |

| State | Filing Fees | Payee | Instructions |
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| TN | Primary App: Nonrefundable review fee \$675 If a Certificate of Authority is issued \$440 Expansion App: Nonrefundable review fee: Larger of \$675 or retaliatory fee Certificate of Authority: Larger of \$440 or retaliatory fee All other fee related to admissions are on a retaliatory basis. | TN Dept. of Commerce and Insurance 7 th Floor, Analytical Section 500 James Robertson Parkway Nashville, TN 37243 | Make all fees payable to TN Department of Commerce and Insurance and include retaliatory reviewing fees, if applicable. Payment should be submitted with original filing. |
| ✓TX | Primary App: Domestic entities that wish to be incorporated under Texas law and receive a Certificate of Authority \$1,500 Expansion App: Foreign entities that wish to receive a Certificate of Authority \$2,000 Redomestication: Re-stated Articles of Incorporation \$250 | Company Licensing and Registration MC 103-CL Texas DOI 333 Guadalupe Austin, TX 78701 | Make all fees payable to Texas Department of Insurance and mail payment. Filings should be sent electronically via UCAA or CLRFilings@tdi.texas.gov . |
| ✓UT | Primary App: Certificate of Authority: Initial license application: \$1,000 (NO retaliatory fees) E-commerce and Internet technology services fee: \$75 Redomestication: Initial license application: \$2,000 E-commerce and Internet technology services fee: \$75 Expansion App: \$1,000 filing fee if UCAA electronic filing or \$1,025 filing fee if UCAA non-electronic filing. \$75 e-commerce fee must be added for either filing method. | Utah Insurance Department Company Licensing Division State Office Bldg., Room 3110 Salt Lake City, UT 84114 | Check is made payable to the Utah Insurance Department. |
| VT | Application Fee: Domestic Insurer, Reinsurer, Fraternal Organizations and Premium Finance Companies: \$0 Life Settlement Companies: \$50 Alien, Foreign, Reciprocal, HMOs: \$200 Continuing Care Retirement Communities: \$1500 | Vermont DFR Company Licensing Section 89 Main Street Montpelier, VT 05620 | Include retaliatory fees (802) 828-2470 |

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| VT (cont) | All fees are subject to retaliation. | | |
| VA | Nonrefundable filing fee \$500 (\$ 38.2-1024) | Payable to: Treasurer of Virginia Virginia State Corporation Commission Bureau of Insurance Company Licensing & Regulatory Compliance P.O. Box 1157 Richmond, VA 23218 | The fee must accompany application if the application is filed in hard-copy form. If the application is filed electronically, the fee must be mailed separately, and should include an appropriate cover letter and a copy of the UCAA checklist (form 1E). |
| ✓WA | Larger of \$400 or retaliatory amount | <p>US Mail: Washington Office of the Insurance Commissioner PO Box 40255 Olympia, WA 98504-0255</p> <p>Overnight: Washington Office of the Insurance Commissioner 5000 Capitol Blvd. SE Tumwater, WA 98501</p> | <p>Company Supervision Division (360) 725-7200 csf@oic.wa.gov</p> |
| WV | Larger of \$100 or retaliatory amount | WV Offices of the Insurance Commissioner Financial Conditions Division P.O. Box 50540 Charleston, WV 25305-0540 | If the application is filed in hard-copy, then the filing fee must accompany it. If the application is filed electronically, then the filing fee must be sent to our Payee address along with an explanatory cover letter. |
| WI | Application Fee: Larger of \$400 or retaliatory amount. Certificate of Authority: Larger of \$400 or retaliatory amount | <p>US Mail: Office of Commissioner of Insurance P O Box 7873 Madison WI 53707-7873</p> <p>Overnight: Office of Commissioner of Insurance 125 S Webster St Madison WI 53703-3474</p> | Mail check with application. |

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| WY | <p>Larger of \$750 or retaliatory amount</p> <p>Upon approval of the application, an assessment for the Department's budget will need to be paid before a Certificate of Authority is issued. The assessment amount varies depending on the amount of the Department's budget.</p> | <p>Wyoming DOI 106 East 6th Avenue Cheyenne, WY 82002</p> | <p>Make checks payable to: Wyoming State Treasurer</p> |