



# COLORADO

## Department of Regulatory Agencies

Division of Insurance  
Michael Conway

For Cash Management Use Only

### Form F

Due March 1

#### Non Admitted Insurers Writing Surplus Lines Insurance

Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

NAIC/AA Number: \_\_\_\_\_ State of Domicile: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Fee Schedule: §§10-3-207(1)(b) and 24-31-104.5, C.R.S.:

Colorado 2025 Direct Premiums Written \$ \_\_\_\_\_

Colorado 2025 Direct Premiums Written	Annual Filing Fee	Fraud Fee:	Total Amount Due
\$1,000,000 or less:	\$ 670	\$520	\$1,190
\$1,000,001 to \$10,000,000:	\$ 2,010	\$3,000	\$5,010
\$10,000,001 and over:	\$ 3,345	\$3,000	\$6,345

#### Submit A Separate Check For Each Application

Check # Submitted for This Application: \_\_\_\_\_

Check Drawn on Account of: \_\_\_\_\_

Company Name on Check (not necessarily the applicant)

#### Please attach check and mail by March 1<sup>st</sup> to:

Colorado Division of Insurance

Attn: Corporate Affairs

1560 Broadway, Suite 850

Denver, CO 80202

Inquiries: [DORA\\_ColoradoInsuranceSurplusLinesTax@state.co.us](mailto:DORA_ColoradoInsuranceSurplusLinesTax@state.co.us)

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