



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 1st to:

Colorado Division of Insurance

Attn: Corporate Affairs

1560 Broadway, Suite 850

Denver, CO 80202

Inquiries: DORA_ColoradoInsuranceSurplusLinesTax@state.co.us

1/1/26

