COLORADO
Department of Regulatory Agencies
Division of Insurance

For Cash Management Use Only

Form F

Fee Form
Due March 1

Accredited Reinsurer or
Alien Reinsurer Maintaining U.S. Trust

Date: _____ Amount: $ 1,190.00 Check #: _____

NAIC/AA Number: _____

Company Name: _____

Mailing Address: _____

_____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Fee Schedule:
Fees paid by Non Admitted Reinsurers (CRS §§10-3-207 and 24-31-104.5):

Type of Fee	Amount
Annual Fee:	$ 670.00
Fraud Fee:	$ 520.00

SUBMIT SEPARATE CHECK FOR EACH COMPANY
Make Check payable to Colorado Division of Insurance.

Please attach check to Fee Form & mail by March 1st to:
Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202

1560 Broadway, Suite 850, Denver, CO 80202 P 303.894.7499 Toll Free 800.930.3745 F 303.894.7455
www.dora.colorado.gov/insurance

Email inquiries to: DORA_INS_CORPORATEAFFAIRS@STATE.CO.US