COLORADO
Department of Regulatory Agencies
Division of Insurance

Nonprofit Hospital, Medical-Surgical, and Health Service Corporations (HMDI) Annual Fee Form Due March 1

Date: _____ Amount: _____ Check #: _____

Company Name: _____

Mailing Address: _____

_____

_____

Contact Person: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Calculate Amount Due:

Type of Fee	Amount
Annual Fee (refer to schedule below):	$
Enrollment Fee (5 cents per person exceeding first 10,000):	$
Total amount due:	$

Annual Fee Schedule:
Fees paid by HMDI's (§§10-3-207(1)(b) & 24-31-104.5, C.R.S.):

2024 Direct Written Premiums	Annual Fee	Fraud Fee	Total
$1,000,000 or less:	$670	$520.00	$1,190.00
$1,000,001 to $10,000,000:	$2,010	$3,000.00	$4,440.00
$10,000,001 and over:	$3,345	$3,000.00	$6,345.00

Make check payable to **Colorado Division of Insurance** and mail along with this form to the following address:

Colorado Division of Insurance
Attn: Cash Management
1560 Broadway, Suite 850
Denver, Colorado 80202

Email inquiries to: DORA_INS_CORPORATEAFFAIRS@STATE.CO.US

07-2025