COLORADO
Department of Regulatory Agencies
Division of Insurance

Prepaid Dental Care Plan Organizations
Annual Fee Form
Due March 1

Date: _____ Amount: $_____ Check #: _____

Company Name: _____

Mailing Address: _____

_____

_____

Contact Person: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Fee Schedule:
Fees paid by Prepaid Dental Care Plan Organizations: §10-3-207(1.5); §24-31-104.5, C.R.S.

Type of Fee	Amount
Fraud Fee:	$ 520
Annual Fee:	$ 500
Total amount due:	$1,020

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_financialfilings@state.co.us