

**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**DAVID BROWNING**  
Deputy Commissioner of Insurance



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**MISSISSIPPI INSURANCE DEPARTMENT**  
501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
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## **SCHEDULE OF FEES AND TAXES**

| <b>I. ADMISSION:</b>  | <b>RESIDENT</b> | <b>NON-RESIDENT</b> |
|---|-----------------|---------------------|
| <u>Insurance Companies</u>  |                 |                     |
| Domestic Formation – File Organizational Articles of Incorporation for Approval (§§ 83-19-21 & 83-31-3)                                   | \$ 200.00       | \$ -0-              |
| Foreign-File Preliminary Financial Statement & Charter (§§ 83-5-73 & 83-21-1)   | -0-             | 1,000.00            |
| <u>Health Maintenance Organizations</u>   |                 |                     |
| File admission application and amendment (§ 83-41-347)  | 5,000.00        | 5,000.00            |
| <b>II. SCHEDULE OF FEES:</b>  |                 |                     |
| File and Audit Annual Statement (Including Reserve Opinions, CPA Audits and Other Supplemental Filings) (§§ 83-5-55, 83-5-73 & 83-41-347) | 500.00          | 500.00              |
| Publish Financial Statements (§§ 83-5-59 & 83-5-77)   | 80.00           | 80.00               |
| Domestic Form A Holding Company Registration Filing   | 2,000.00        | 2,000.00            |
| File Amendments to Articles of Incorporation (§§ 83-5-73, 83-11-219, 83-19-21, 83-21-1, 83-29-29, 83-30-57 & 83-31-39)                    | 50.00           | 50.00               |
| Filing of Any Other Paper Required By Law (§ 83-5-73)   | 50.00           | 50.00               |
| Examination Reports   | 50.00           | 50.00               |
| Quarterly Financial Statements  | 50.00           | 50.00               |
| Assumption Reinsurance Agreements   | 50.00           | 50.00               |
| Merger Agreements   | 50.00           | 50.00               |
| Certificate of Compliance/Authority   | -0-             | 50.00               |
| Certificate of Deposit  | -0-             | 50.00               |
| Certificate of Valuation  | -0-             | 50.00               |
| Domestic Holding Company Registration Form Filing-<br>Other than Form A   | 50.00           | 50.00               |
| Appoint Legal Process Agents (§§ 83-5-73, 83-11-219, 83-21-1, 83-29-31, 83-30-57, 83-31-39, 83-41-305 & 83-41-347)                        |                 |                     |
| Commissioner of Insurance   | 50.00           | 50.00               |
| Commissioner and Additional Resident  | 50.00           | 50.00               |
| File By-Laws or Amendments (§§ 83-5-73, 83-11-219, 83-19-13, 83-21-1, 83-29-29, 83-30-57, 83-31-39, & 83-41-305)                          | 50.00           | 50.00               |
| Certification of Insurance Company License (§ 83-5-73)  | 40.00           | 40.00               |
| Use of Seal and Certifying Records (§§ 83-5-73 & 83-5-77)   | 20.00           | 20.00               |
| Acceptance of Legal Process (§ 83-5-73)   | 25.00           | 25.00               |

|   | RESIDENT               | NON-RESIDENT |
|---|------------------------|--------------|
| <b>III. PRIVILEGE TAX FEES (§§ 27-15-83 &amp; 83-41-347):</b>   |                        |              |
| Companies writing life, health, accident, annuities or combination (renewed as of January 1 each year)  | 100.00                 | 200.00       |
| Fraternal Orders (renewed as of January 1 each year)  | 25.00                  | 50.00        |
| Health Maintenance Organizations (renewed as of January 1 each year)  | 500.00                 | 500.00       |
| Companies writing other lines, i.e., fire and allied lines, casualty, liability, workers' compensation, marine, fidelity, surety, title & those lines not specifically listed (renewed as of June 1 each year):                       |                        |              |
| Single Line   | 100.00                 | 200.00       |
| Multiple Line   | 175.00                 | 350.00       |
| Amendments to an Existing Privilege License-HMO (§ 83-41-347)   | 50.00                  | 50.00        |
| Amendments to an Existing Privilege License-Other (§ 27-15-83)  | 25.00                  | 25.00        |
| A 50% STATUTORY PENALTY OF THE PRIVILEGE TAX IS IMPOSED FOR FAILURE TO RENEW YOUR COMPANY'S LICENSE BEFORE YOU BEGIN BUSINESS OR FAILURE TO RENEW SUCH LICENSE WHEN DUE (§ 27-15-215).  |                        |              |
| <b>IV. OTHER FEES:</b>  |                        |              |
| Copy of any Record or Paper (§ 83-5-77)   | .50 per page plus time |              |
| Continuing education courses filed for approval (§ 83-5-73)   | 50.00                  | 50.00        |
| Third Party Administrators Annual Report (§ 83-18-27) due March 1 <sup>st</sup> each year   | 100.00                 | 100.00       |
| <b>V. POLICY FORM FEES:</b>   |                        |              |
| <u>Life, Accident, Health and Annuity Companies</u>   |                        |              |
| (Tentative and Final Approval) (§§ 83-9-3, 83-7-17 & 83-5-73)   |                        |              |
| Each individual policy and contract, including revisions  | 15.00                  | 15.00        |
| Each group master policy and certificate contract, Including revisions  | 15.00                  | 15.00        |
| Each rider, endorsement or amendment, etc.  | 10.00                  | 10.00        |
| Each insurance application where written application is required and made a part of the policy or contract  | 10.00                  | 10.00        |
| Each questionnaire  | 7.00                   | 7.00         |
| Resubmission charge where payment was not included with original submission   | 5.00                   | 5.00         |
| Credit Life, Credit Health & Accident (§ 83-53-17) and Medicare Supplement (§ 83-9-103) rate filings; informational purposes on all other A & H lines<br>(NOTE: These rate changes must receive prior approval before implementation) | 50.00                  | 50.00        |
| <u>Advertising Required by Law:</u>   |                        |              |
| (§§ 83-5-73 & 83-9-110; Regulations 74.3, 84-101, 90-102 & 99-2)  | 50.00                  | 50.00        |
| Annual Certificate of Compliance-Accident and Health Advertisements   | 50.00                  | 50.00        |
| <u>Illustrations Required by Law:</u>   |                        |              |
| (§ 83-5-73; Regulations 67.1, 73-3.14, 78.2, 84-106 & 98-2)   | 50.00                  | 50.00        |
| <u>Filing of Any Other Paper Required By Law (§ 83-5-73)</u>  | 50.00                  | 50.00        |
| Medicare Supplement Filings (Reg. 96-103)   |                        |              |
| Medicare Supplement Refund Calculation Form   | 50.00                  | 50.00        |
| Medicare Select Grievance Report  | 50.00                  | 50.00        |
| Reporting Multiple Medicare Supplemental Policies   | 50.00                  | 50.00        |
| Medicare Select Provider Directory (filed quarterly)  | 50.00                  | 50.00        |

|  | RESIDENT | NON-RESIDENT |
|--|----------|--------------|
| Long Term Care Filings (Reg. 90-102)                         |          |              |
| Rescission Reporting for Long Term Care                      | 50.00    | 50.00        |
| Appointed/Change Actuary Notification (Reg. 96-104)          | 50.00    | 50.00        |
| <u>Health Maintenance Organizations</u> (§ 83-41-347)        |          |              |
| Form, certificate, endorsement, rider, application and rates | 15.00    | 15.00        |
| <u>Property and Casualty Companies</u> (§ 83-2-35)           |          |              |
| All property and casualty rate, rule or form filings         | 15.00    | 15.00        |

**VI. AGENT APPOINTMENTS** (§§ 83-5-73, 83-15-3 & 83-17-5):

|                                   |       |       |
|-----------------------------------|-------|-------|
| Local or Soliciting Agent         | 25.00 | 25.00 |
| General or District Agent/Manager | 25.00 | 25.00 |

**VII. PREMIUM TAXES:**

Premium Taxes are **NOT** collected by the Mississippi Insurance Department and should not be included in any payment made to this office. Requests for forms and payments should be made to the following: Mississippi Department of Revenue, P.O. Box 23075, Jackson, MS 39225-3075. Telephone 601.923.7183.

Revised 1/30/15