



## MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
www.mid.state.ms.us

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

MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
TELEPHONE: (601) 359-3569  
FAX: (601) 359-2474  
WATS: 1-800-562-2957 (Incoming - USA)

### SCHEDULE OF FEES AND TAXES

I.	ADMISSION:	RESIDENT	NON-RESIDENT
	<u>Insurance Companies</u>		
	Domestic Formation - File Organizational Articles of Incorporation for Approval (☞ 83-19-21)	\$ 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
II.	SCHEDULE OF FEES:		
	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
	Insurance Companies File Amendments to Articles of Incorporation (☞ 83-5-73, 83-19-21 & 83-21-1, 83-29-29, 83-30-57)	50.00	50.00
	Health Maintenance Organizations File Amendments to Articles of Incorporation (☞ 83-41-347)	50.00	50.00

	RESIDENT	NON-RESIDENT
Filing of Any Other Paper Required By Law (ə 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	-0-	50.00
Certificate of Deposit	50.00	50.00
Certificate of Valuation	-0-	50.00
Domestic Holding Company Registration Form Filing- Other than Form A	50.00	50.00
Appoint Legal Process Agents (əə 83-5-73, 83-21-1, 83-29-31, 83-30-57, 83-31-39 & 83-41-347)		
Commissioner of Insurance	50.00	50.00
An Additional Resident	50.00	50.00
File By-Laws or Amendments (əə 83-5-73, 83-19-13, 83-21-1, 83-29-29, 83-30-57)	50.00	50.00
Certification of Insurance Company License (ə 83-5-73)	40.00	40.00
Use of Seal and Certifying Records (əə 83-5-73, 83-5-77)	20.00	20.00
Acceptance of Legal Process (ə 83-5-73)	25.00	25.00
III. PRIVILEGE TAX FEES (əə 27-25-83 & 83-41-347):		
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	50.00	50.00
Amendments to an Existing Privilege License-Other	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 (ə 27-15-215).

IV. OTHER FEES:

	RESIDENT	NON-RESIDENT
Copy of any Record or Paper (ə 83-5-77)	.50 per page plus time	
Continuing education courses filed for approval (ə 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

V. POLICY FORM FEES:

Life, Accident, Health and Annuity Companies

(Tentative and Final Approval) (əə 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
All Annuity Forms	50.00	50.00
Credit Life, Credit Health & Accident (ə 83-53-17) and Medicare Supplement (ə 83-9-103) rate filings; informational purposes on all other A & H lines (NOTE: These rate changes must receive prior approval before implementation)	50.00	50.00

	RESIDENT	NON-RESIDENT
<u>Advertising Required by Law:</u>		
(§ 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>		
(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>		
Medicare Supplement Filings (Reg. 96-103)	50.00	50.00
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
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 (§ 83-41-347)</u>		
Form, certificate, endorsement, rider, application and rates	15.00	15.00
<u>Property and Casualty Companies (§ 83-2-35)</u>		
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 State Tax Commission, P. O. Box 23075, Jackson, MS 39225-3075 Telephone 601.923.7183.