STATE OF VERMONT
Department of Financial Regulation
Insurance Division, Company Licensing
89 Main Street, Montpelier, VT 05620-3101
(802) 828-2470
DFR.CompLic@Vermont.gov

VERMONT ANNUAL FEE CALCULATION

2023 Annual Statement and 2024 License Year

Licensed Foreign Insurers (P&C, L&H, Health, Reciprocal and Title)
Due (received by) March 1, 2024

Company Name: _____ NAIC Number: _____
Contact Person: _____ State of Domicile: _____
Contact Email: _____

The **Total Fees Due** for the Annual Statement Filing Fee and License Renewal Fee are equal to Vermont's requirements **or** those of the insurer's domicile, **whichever is greater**. All amounts listed as **Other Domestic Fees (h.)** must be specifically identified. Please submit a copy of this calculation with the check, payable to the Vermont Department of Financial Regulation. Provide a separate calculation and check for each company, with the NAIC number clearly indicated. If any lines c. through h. are populated, please attach additional supporting calculations and descriptions of those amounts. This calculation and the related check must be received by DFR at the above address on or before March 1, 2024. All citations refer to Vermont Statutes Annotated, Title 8.

		Vermont Column A	Other Domicile Column B
a.	Annual Statement Filing Fee [§3314]…….…….……..	$ 100.00	$_____
b.	License Renewal Fee (*Foreign Companies only*) [§3361(b)]……..	300.00	$_____
c.	Fraud Fees……..	xxx.xx	$_____
d.	Insurance Department Administrative Cost Assessments…….	xxx.xx	$_____
e.	Financial Regulatory Fee/Charge……...	xxx.xx	$_____
f.	Cost Containment Fee……	xxx.xx	$_____
g.	Late Filing Fee ($250.00 if received by Department after March 1)*……		
h.	Other Domestic Fees – Describe _____...	_____	_____
i.	Minimum Amount Payable……	$	$
j.	Retaliatory Amount (Difference between Vermont's fees and domicile's fees, Column B – Column A, Line i. [§3367] (If negative, enter zero.)…...	$_____	
k.	**Total Fees Due (Column A, Line i. + Line j.)**……...	**$_____**	

*$250.00 or retaliatory for late filings received within ten (10) business days of the deadline. Filings received more than ten (10) days after the deadline may result in additional civil administrative penalties being imposed, or rejection of the filing and expiration of the license.

DO NOT INCLUDE PREMIUM TAX PAYMENT

Certification:

The undersigned deposes and says that he/she has duly executed this form on behalf of the Company and is authorized to do so. Deponent further states that he/she is familiar with this instrument, including all documents related to this filing; and in completing this form has complied with the retaliatory provisions of 8 V.S.A. §3367. Furthermore, consistent with the Commissioner's authority in 8 V.S.A. §3565, Deponent on behalf of the Company understands that the Vermont Insurance Division may obtain copies and discuss the Company's premium tax related filings with the Vermont Department of Taxes.

Certified By: _____
(Signature)

_____
(Name and Title)

Date: _____