



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

RETALIATORY STATEMENT

Minimum Financial Requirements for Licensure (§38a-72 C.G.S.)

	Stock Capital	Companies Surplus	Total	Mutual Companies
Health	\$500,000	\$500,000	\$1,000,000	\$1,000,000
Life	1,000,000	2,000,000	3,000,000	3,000,000
Liability	500,000	500,000	1,000,000	1,000,000
Fidelity & Surety	500,000	500,000	1,000,000	1,000,000
Financial Guaranty	15,000,000	60,000,000	75,000,000	75,000,000
Marine	500,000	250,000	750,000	750,000
Mortgage Guaranty	2,000,000	2,000,000	4,000,000	4,000,000
Property	500,000	250,000	750,000	750,000
Workers Compensation	500,000	500,000	1,000,000	1,000,000
Title	500,000	500,000	1,000,000	1,000,000
Residual Value	2,000,000	1,000,000	3,000,000	3,000,000
Reinsurance (Property & Casualty)	2,000,000	2,000,000	4,000,000	4,000,000
Reinsurance (Life)	1,000,000	2,000,000	3,000,000	3,000,000

Fees payable to the Insurance Commissioner as authorized by §38a-11 C.G.S. unless otherwise noted, are applicable in all cases unless affected by retaliation, (§12-211 C.G.S.)

Companies:

Filing all documents prerequisite to the issuance of a license:	
Insurance Companies	220.00
Health Care Centers	1,350.00
Initial non-refundable filing for documents to become an eligible	
Surplus lines company	1,000.00
Service of Process	50.00
Filing Hospital or Ambulance Liens	50.00
Small Claims Notice	15.00
Certificate of compliance, organization, reciprocity, valuation	40.00
Certified copy of report or certificate of condition of a company filed in any other state	40.00
Filing any additional paper required by law	30.00
Amendment of Certificate of Authority	200.00
Annual Certificate of Authority (Domestic)	200.00
Annual Certificate of Authority (Foreign)	0.00
Filing of Annual Statement (Domestic)	50.00
Filing of Annual Statement (Foreign)	0.00
Penalty for late filing of annual and quarterly statements (licensed companies only)	175.00 Per day

Annual Fee - Eligible Surplus Lines Companies	126.00
Service Fee - Deposits required by §38a-83 C.G.S.	315.00
Preferred Provider Networks Licensing Fee (initial and renewal) (§38a-479aa)	2750.00
Medical Discount Plan Organization Licensing Fee (initial and renewal) (§38a-479rr)	625.00
Pharmacy Benefits Manager each Registration issued or renewed (§38a-479aaa)	100.00
Captive Insurance Company License (initial and renewal) (§38a-91aa)	375.00
Captive Insurance Company nonrefundable application fee (§38a-91bb(d)(1))	800.00
Duplicate License Issued Fee	50.00

Fraternal Benefit Societies:

For each license and renewal (§38a-602 C.G.S.)	10.00
Receiving and filing annual statement	20.00
Filing Charter	15.00
Filing any additional paper required by law	15.00
Certificate of Compliance (Foreign)	15.00
Certified copy of report or certificate of condition to be filed in any other state (Foreign)	15.00
Certified copy of permit (Foreign)	15.00
Service of Process	50.00
Duplicate License Issued Fee	50.00
Penalty for late filing of annual and quarterly statements (licensed societies only)	100.00 per day

Rating Organizations:

Fee for each license issued	200.00
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Producers:

Producer License (renews biennially):	
Firm	130.00 (\$50 application fee/\$80 license fee)
Individual	140.00 (\$50 application fee/\$80 license fee/\$10 Brokered Transaction Guaranty Fund §38a-881 C.G.S.)
Producer Reinstatement or Amendment	130.00 (\$50 application fee/\$80 license fee)
Producer Renewal (Firm and Individual)	160.00 (renews biennially)
Insurance Company Appointments (renews biennially):	
Appointment Filing Fee - Domestic	50.00
Appointment Fee - Domestic	100.00
Appointment Fee – Foreign:	
In states with reciprocal arrangement: AK, AZ, CO, HI, IL, IN, MD, MO, MT, NY, OR, RI	0
If the premium tax rate in the appointing company's state of domicile is equal or greater than CT's 1.75% premium tax rate.	80.00
If the premium tax rate in the appointing company's state of domicile is less than CT's 1.75% premium tax rate.	20.00
Other Licenses:	

Casualty Adjusters	130.00	(\$50 application fee/\$80 license fee)
Casualty Adjusters (renewals)	80.00	
Certified Insurance Consultants (initial)	300.00	(\$50 application fee/\$250 license fee)
Certified Insurance Consultants (renewal)	250.00	(renews biennially)
Fraternal Agents	130.00	(\$50 application fee/\$80 license fee)
Fraternal Agents (renewals)	80.00	
Physical Damage Appraisers	130.00	(\$50 application fee/\$80 license fee)
Physical Damage Appraisers (renewals)	80.00	
Public Adjusters	300.00	(\$50 application fee/\$250 license fee)
Public Adjusters (renewals)	250.00	
Reinsurance Intermediaries	675.00	(\$50 application fee/\$625 license fee)
Reinsurance Intermediaries (renewals)	625.00	
Surplus (Excess) Lines Brokers	675.00	(\$50 application fee/\$625 license fee)
Surplus (Excess) Lines Brokers (renewals)	625.00	
Life Settlement Providers & Brokers (initial)	66.00	(\$26 filing fee/\$40 license fee)
Life Settlement Providers & Brokers (renewal)	40.00	
Letters of Clearance and Certification	26.00	

Producer/Adjuster/Appraiser Examination Fees:

(All examination fees listed below are paid to Prometric with the exam registration form, of which, a portion is remitted to the Commissioner)

Life Insurance	58.00
Health Insurance	58.00
Life & Health Insurance	83.00
Property & Casualty Insurance	83.00
Consultant Life & Health	80.00
Consultant Property & Casualty	80.00
Surplus Lines Broker	60.00
Public Adjuster	58.00
Casualty Adjuster for All Lines of Insurance	60.00
Casualty Adjuster for All Lines Except Workers' Compensation	60.00
Casualty Adjuster for Workers Compensation	60.00
Casualty Adjuster for Auto Insurance	60.00
Bail Bond	68.00
Motor Vehicle Physical Damage Appraiser	130.00
Personal Lines	58.00
Producer Property Insurance	58.00
Producer Casualty Insurance	58.00

Producer/Adjuster/Appraiser Examination Fees:

In the event that a Testing Service is not utilized, the following fees apply:

Insurance Producer	15.00	for each examination taken
Public Adjuster	15.00	for each examination taken
Casualty Adjuster	20.00	for each examination taken
Surplus Lines Broker	20.00	for each examination taken
Certified Insurance Consultant	26.00	for each examination taken

Motor Vehicle Physical Damage Appraiser

80.00 for each examination taken

Deposits:

Alien companies refer to §38a-72(c) of the Connecticut General Statutes for determination on if a deposit is required.

Health Care Centers (§38a-193)

500,000

Taxes:

Premium Taxes (§12-202, §12-204, §12-210 C.G.S.):

Domestic: the premium tax rate is 1.75% for all types of net direct premiums, excluding annuity premiums and considerations.

Non-resident and foreign companies: the premium tax rate is 1.75% for all types of premiums, excluding premiums for ocean marine insurance.

Estimated payments are required in the following manner:

15th day of 3rd month	30% of total tax
15th day of 6th month	an aggregate of 60% of total tax
15th day of 9th month	an aggregate of 80% of total tax
15th day of 12th month	an aggregate of 100% of total tax