

AN ACT concerning insurance.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Illinois Insurance Code is amended by changing Section 408 as follows:

(215 ILCS 5/408) (from Ch. 73, par. 1020)

Sec. 408. Fees and charges.

(1) The Director shall charge, collect and give proper acquittances for the payment of the following fees and charges:

(a) For filing all documents submitted for the incorporation or organization or certification of a domestic company, except for a fraternal benefit society, \$2,000.

(b) For filing all documents submitted for the incorporation or organization of a fraternal benefit society, \$500.

(c) For filing amendments to articles of incorporation and amendments to declaration of organization, except for a fraternal benefit society, a mutual benefit association, a burial society or a farm mutual, \$200.

(d) For filing amendments to articles of incorporation of a fraternal benefit society, a mutual benefit association or a burial society, \$100.

(e) For filing amendments to articles of incorporation of a farm mutual, \$50.

(f) For filing bylaws or amendments thereto, \$50.

(g) For filing agreement of merger or consolidation:

(i) for a domestic company, except for a fraternal benefit society, a mutual benefit association, a burial society, or a farm mutual, \$2,000.

(ii) for a foreign or alien company, except for a fraternal benefit society, \$600.

(iii) for a fraternal benefit society, a mutual benefit association, a burial society, or a farm mutual, \$200.

(h) For filing agreements of reinsurance by a domestic company, \$200.

(i) For filing all documents submitted by a foreign or alien company to be admitted to transact business or accredited as a reinsurer in this State, except for a fraternal benefit society, \$5,000.

(j) For filing all documents submitted by a foreign or alien fraternal benefit society to be admitted to transact business in this State, \$500.

(k) For filing declaration of withdrawal of a foreign or alien company, \$50.

(l) For filing annual statement, except a fraternal benefit society, a mutual benefit association, a burial society, or a farm mutual, \$200.

(m) For filing annual statement by a fraternal benefit society, \$100.

(n) For filing annual statement by a farm mutual, a mutual benefit association, or a burial society, \$50.

(o) For issuing a certificate of authority or renewal thereof except to a fraternal benefit society, \$200.

(p) For issuing a certificate of authority or renewal thereof to a fraternal benefit society, \$100.

(q) For issuing an amended certificate of authority, \$50.

(r) For each certified copy of certificate of authority, \$20.

(s) For each certificate of deposit, or valuation, or compliance or surety certificate, \$20.

(t) For copies of papers or records per page, \$1.

(u) For each certification to copies of papers or records, \$10.

(v) For multiple copies of documents or certificates listed in subparagraphs (r), (s), and (u) of paragraph (1) of this Section, \$10 for the first copy of a certificate of any type and \$5 for each additional copy of the same certificate requested at the same time, unless, pursuant to paragraph (2) of this Section, the Director finds these additional fees excessive.

(w) For issuing a permit to sell shares or increase paid-up capital:

(i) in connection with a public stock offering,
\$300;

(ii) in any other case, \$100.

(x) For issuing any other certificate required or
permissible under the law, \$50.

(y) For filing a plan of exchange of the stock of a
domestic stock insurance company, a plan of
demutualization of a domestic mutual company, or a plan of
reorganization under Article XII, \$2,000.

(z) For filing a statement of acquisition of a domestic
company as defined in Section 131.4 of this Code, \$2,000.

(aa) For filing an agreement to purchase the business
of an organization authorized under the Dental Service Plan
Act or the Voluntary Health Services Plans Act or of a
health maintenance organization or a limited health
service organization, \$2,000.

(bb) For filing a statement of acquisition of a foreign
or alien insurance company as defined in Section 131.12a of
this Code, \$1,000.

(cc) For filing a registration statement as required in
Sections 131.13 and 131.14, the notification as required by
Sections 131.16, 131.20a, or 141.4, or an agreement or
transaction required by Sections 124.2(2), 141, 141a, or
141.1, \$200.

(dd) For filing an application for licensing of:

(i) a religious or charitable risk pooling trust or

a workers' compensation pool, \$1,000;

(ii) a workers' compensation service company, \$500;

(iii) a self-insured automobile fleet, \$200; or

(iv) a renewal of or amendment of any license issued pursuant to (i), (ii), or (iii) above, \$100.

(ee) For filing articles of incorporation for a syndicate to engage in the business of insurance through the Illinois Insurance Exchange, \$2,000.

(ff) For filing amended articles of incorporation for a syndicate engaged in the business of insurance through the Illinois Insurance Exchange, \$100.

(gg) For filing articles of incorporation for a limited syndicate to join with other subscribers or limited syndicates to do business through the Illinois Insurance Exchange, \$1,000.

(hh) For filing amended articles of incorporation for a limited syndicate to do business through the Illinois Insurance Exchange, \$100.

(ii) For a permit to solicit subscriptions to a syndicate or limited syndicate, \$100.

(jj) For the filing of each form as required in Section 143 of this Code, \$50 per form. The fee for advisory and rating organizations shall be \$200 per form.

(i) For the purposes of the form filing fee, filings made on insert page basis will be considered

one form at the time of its original submission. Changes made to a form subsequent to its approval shall be considered a new filing.

(ii) Only one fee shall be charged for a form, regardless of the number of other forms or policies with which it will be used.

(iii) Fees charged for a policy filed as it will be issued regardless of the number of forms comprising that policy shall not exceed \$1,500. For advisory or rating organizations, fees charged for a policy filed as it will be issued regardless of the number of forms comprising that policy shall not exceed \$2,500
~~(Blank).~~

(iv) The Director may by rule exempt forms from such fees.

(kk) For filing an application for licensing of a reinsurance intermediary, \$500.

(ll) For filing an application for renewal of a license of a reinsurance intermediary, \$200.

(2) When printed copies or numerous copies of the same paper or records are furnished or certified, the Director may reduce such fees for copies if he finds them excessive. He may, when he considers it in the public interest, furnish without charge to state insurance departments and persons other than companies, copies or certified copies of reports of examinations and of other papers and records.

(3) The expenses incurred in any performance examination authorized by law shall be paid by the company or person being examined. The charge shall be reasonably related to the cost of the examination including but not limited to compensation of examiners, electronic data processing costs, supervision and preparation of an examination report and lodging and travel expenses. All lodging and travel expenses shall be in accord with the applicable travel regulations as published by the Department of Central Management Services and approved by the Governor's Travel Control Board, except that out-of-state lodging and travel expenses related to examinations authorized under Section 132 shall be in accordance with travel rates prescribed under paragraph 301-7.2 of the Federal Travel Regulations, 41 C.F.R. 301-7.2, for reimbursement of subsistence expenses incurred during official travel. All lodging and travel expenses may be reimbursed directly upon authorization of the Director. With the exception of the direct reimbursements authorized by the Director, all performance examination charges collected by the Department shall be paid to the Insurance Producers Administration Fund, however, the electronic data processing costs incurred by the Department in the performance of any examination shall be billed directly to the company being examined for payment to the Statistical Services Revolving Fund.

(4) At the time of any service of process on the Director as attorney for such service, the Director shall charge and

collect the sum of \$20, which may be recovered as taxable costs by the party to the suit or action causing such service to be made if he prevails in such suit or action.

(5) (a) The costs incurred by the Department of Insurance in conducting any hearing authorized by law shall be assessed against the parties to the hearing in such proportion as the Director of Insurance may determine upon consideration of all relevant circumstances including: (1) the nature of the hearing; (2) whether the hearing was instigated by, or for the benefit of a particular party or parties; (3) whether there is a successful party on the merits of the proceeding; and (4) the relative levels of participation by the parties.

(b) For purposes of this subsection (5) costs incurred shall mean the hearing officer fees, court reporter fees, and travel expenses of Department of Insurance officers and employees; provided however, that costs incurred shall not include hearing officer fees or court reporter fees unless the Department has retained the services of independent contractors or outside experts to perform such functions.

(c) The Director shall make the assessment of costs incurred as part of the final order or decision arising out of the proceeding; provided, however, that such order or decision shall include findings and conclusions in support of the assessment of costs. This subsection (5) shall not be construed as permitting the payment of travel expenses unless calculated in accordance with the applicable travel regulations of the

Department of Central Management Services, as approved by the Governor's Travel Control Board. The Director as part of such order or decision shall require all assessments for hearing officer fees and court reporter fees, if any, to be paid directly to the hearing officer or court reporter by the party(s) assessed for such costs. The assessments for travel expenses of Department officers and employees shall be reimbursable to the Director of Insurance for deposit to the fund out of which those expenses had been paid.

(d) The provisions of this subsection (5) shall apply in the case of any hearing conducted by the Director of Insurance not otherwise specifically provided for by law.

(6) The Director shall charge and collect an annual financial regulation fee from every domestic company for examination and analysis of its financial condition and to fund the internal costs and expenses of the Interstate Insurance Receivership Commission as may be allocated to the State of Illinois and companies doing an insurance business in this State pursuant to Article X of the Interstate Insurance Receivership Compact. The fee shall be the greater fixed amount based upon the combination of nationwide direct premium income and nationwide reinsurance assumed premium income or upon admitted assets calculated under this subsection as follows:

(a) Combination of nationwide direct premium income and nationwide reinsurance assumed premium.

(i) \$150, if the premium is less than \$500,000 and

there is no reinsurance assumed premium;

(ii) \$750, if the premium is \$500,000 or more, but less than \$5,000,000 and there is no reinsurance assumed premium; or if the premium is less than \$5,000,000 and the reinsurance assumed premium is less than \$10,000,000;

(iii) \$3,750, if the premium is less than \$5,000,000 and the reinsurance assumed premium is \$10,000,000 or more;

(iv) \$7,500, if the premium is \$5,000,000 or more, but less than \$10,000,000;

(v) \$18,000, if the premium is \$10,000,000 or more, but less than \$25,000,000;

(vi) \$22,500, if the premium is \$25,000,000 or more, but less than \$50,000,000;

(vii) \$30,000, if the premium is \$50,000,000 or more, but less than \$100,000,000;

(viii) \$37,500, if the premium is \$100,000,000 or more.

(b) Admitted assets.

(i) \$150, if admitted assets are less than \$1,000,000;

(ii) \$750, if admitted assets are \$1,000,000 or more, but less than \$5,000,000;

(iii) \$3,750, if admitted assets are \$5,000,000 or more, but less than \$25,000,000;

(iv) \$7,500, if admitted assets are \$25,000,000 or more, but less than \$50,000,000;

(v) \$18,000, if admitted assets are \$50,000,000 or more, but less than \$100,000,000;

(vi) \$22,500, if admitted assets are \$100,000,000 or more, but less than \$500,000,000;

(vii) \$30,000, if admitted assets are \$500,000,000 or more, but less than \$1,000,000,000;

(viii) \$37,500, if admitted assets are \$1,000,000,000 or more.

(c) The sum of financial regulation fees charged to the domestic companies of the same affiliated group shall not exceed \$250,000 in the aggregate in any single year and shall be billed by the Director to the member company designated by the group.

(7) The Director shall charge and collect an annual financial regulation fee from every foreign or alien company, except fraternal benefit societies, for the examination and analysis of its financial condition and to fund the internal costs and expenses of the Interstate Insurance Receivership Commission as may be allocated to the State of Illinois and companies doing an insurance business in this State pursuant to Article X of the Interstate Insurance Receivership Compact. The fee shall be a fixed amount based upon Illinois direct premium income and nationwide reinsurance assumed premium income in accordance with the following schedule:

(a) \$150, if the premium is less than \$500,000 and there is no reinsurance assumed premium;

(b) \$750, if the premium is \$500,000 or more, but less than \$5,000,000 and there is no reinsurance assumed premium; or if the premium is less than \$5,000,000 and the reinsurance assumed premium is less than \$10,000,000;

(c) \$3,750, if the premium is less than \$5,000,000 and the reinsurance assumed premium is \$10,000,000 or more;

(d) \$7,500, if the premium is \$5,000,000 or more, but less than \$10,000,000;

(e) \$18,000, if the premium is \$10,000,000 or more, but less than \$25,000,000;

(f) \$22,500, if the premium is \$25,000,000 or more, but less than \$50,000,000;

(g) \$30,000, if the premium is \$50,000,000 or more, but less than \$100,000,000;

(h) \$37,500, if the premium is \$100,000,000 or more.

The sum of financial regulation fees under this subsection (7) charged to the foreign or alien companies within the same affiliated group shall not exceed \$250,000 in the aggregate in any single year and shall be billed by the Director to the member company designated by the group.

(8) Beginning January 1, 1992, the financial regulation fees imposed under subsections (6) and (7) of this Section shall be paid by each company or domestic affiliated group annually. After January 1, 1994, the fee shall be billed by

Department invoice based upon the company's premium income or admitted assets as shown in its annual statement for the preceding calendar year. The invoice is due upon receipt and must be paid no later than June 30 of each calendar year. All financial regulation fees collected by the Department shall be paid to the Insurance Financial Regulation Fund. The Department may not collect financial examiner per diem charges from companies subject to subsections (6) and (7) of this Section undergoing financial examination after June 30, 1992.

(9) In addition to the financial regulation fee required by this Section, a company undergoing any financial examination authorized by law shall pay the following costs and expenses incurred by the Department: electronic data processing costs, the expenses authorized under Section 131.21 and subsection (d) of Section 132.4 of this Code, and lodging and travel expenses.

Electronic data processing costs incurred by the Department in the performance of any examination shall be billed directly to the company undergoing examination for payment to the Statistical Services Revolving Fund. Except for direct reimbursements authorized by the Director or direct payments made under Section 131.21 or subsection (d) of Section 132.4 of this Code, all financial regulation fees and all financial examination charges collected by the Department shall be paid to the Insurance Financial Regulation Fund.

All lodging and travel expenses shall be in accordance with applicable travel regulations published by the Department of

Central Management Services and approved by the Governor's Travel Control Board, except that out-of-state lodging and travel expenses related to examinations authorized under Sections 132.1 through 132.7 shall be in accordance with travel rates prescribed under paragraph 301-7.2 of the Federal Travel Regulations, 41 C.F.R. 301-7.2, for reimbursement of subsistence expenses incurred during official travel. All lodging and travel expenses may be reimbursed directly upon the authorization of the Director.

In the case of an organization or person not subject to the financial regulation fee, the expenses incurred in any financial examination authorized by law shall be paid by the organization or person being examined. The charge shall be reasonably related to the cost of the examination including, but not limited to, compensation of examiners and other costs described in this subsection.

(10) Any company, person, or entity failing to make any payment of \$150 or more as required under this Section shall be subject to the penalty and interest provisions provided for in subsections (4) and (7) of Section 412.

(11) Unless otherwise specified, all of the fees collected under this Section shall be paid into the Insurance Financial Regulation Fund.

(12) For purposes of this Section:

(a) "Domestic company" means a company as defined in Section 2 of this Code which is incorporated or organized

under the laws of this State, and in addition includes a not-for-profit corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act, a health maintenance organization, and a limited health service organization.

(b) "Foreign company" means a company as defined in Section 2 of this Code which is incorporated or organized under the laws of any state of the United States other than this State and in addition includes a health maintenance organization and a limited health service organization which is incorporated or organized under the laws of any state of the United States other than this State.

(c) "Alien company" means a company as defined in Section 2 of this Code which is incorporated or organized under the laws of any country other than the United States.

(d) "Fraternal benefit society" means a corporation, society, order, lodge or voluntary association as defined in Section 282.1 of this Code.

(e) "Mutual benefit association" means a company, association or corporation authorized by the Director to do business in this State under the provisions of Article XVIII of this Code.

(f) "Burial society" means a person, firm, corporation, society or association of individuals authorized by the Director to do business in this State under the provisions of Article XIX of this Code.

(g) "Farm mutual" means a district, county and township mutual insurance company authorized by the Director to do business in this State under the provisions of the Farm Mutual Insurance Company Act of 1986.

(Source: P.A. 93-32, eff. 7-1-03; 93-1083, eff. 2-7-05.)

Section 99. Effective date. This Act takes effect upon becoming law.