



**COMMONWEALTH OF MASSACHUSETTS  
Office of Consumer Affairs and Business Regulation  
DIVISION OF INSURANCE**

1000 Washington Street, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794 • FAX (617) 521-7771  
<http://www.mass.gov/doi>

**Annual Filing Fee and  
Insurance Company License Renewal Lock Box Form**

Mail this form, a check for the appropriate amount made payable to the Commonwealth of Massachusetts Division of Insurance, and a License Renewal Application (if required) to:

**Massachusetts Division of Insurance  
Annual Filing Fee / Company License Renewal  
PO Box 370039  
Boston, MA 02241-0739**

**Check Number:** \_\_\_\_\_ **Check Amount: \$** \_\_\_\_\_

<b>NAIC #:</b> _____	<b>Company Name:</b> _____
<b>Date:</b> ____ / ____ / ____ <small>(YY) (MM) (DD)</small> <small>(e.g., January 6, 2005 = 05/01/06)</small>	<b>Contact Person:</b> _____
	<b>Contact Person Mailing Address:</b> _____ _____
<b>Phone #:</b> (____) _____ - _____	<b>ext.:</b> ____ <b>Fax #:</b> (____) _____ - _____
	<b>E-mail Address:</b> _____

**Payment Type -** Check (✓) all payment types that apply to the above referenced check. More than one payment type may be included in a single check, but **Do NOT include more than one company per check.**

**Please note all fees are NONREFUNDABLE.**

- [A] **Annual Filing Fee (Due March 1, 2017)** \$ 150.00 - - - - (\_\_\_\_)  
(Required for all foreign companies licensed or authorized to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; Surplus Lines; Accredited Reinsurers; Approved Reinsurers; Eligible Alien Unauthorized Insurers, Life Settlement Providers, Service Contract Providers and Title Companies)
  
- [B] **Foreign Company License Renewal Fee**  
(Required for all foreign companies licensed to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; and Title Companies)
  - [B1] Companies licensed without Designation 51 or 54 \$ 250.00 - - - - (\_\_\_\_)
  - [B2] Companies licensed with Designations 51 or 54 \$ 279.00 - - - - (\_\_\_\_)
  
- [C] **Fraternal Benefit Societies**
  - [C1] Annual Statement Filing Fee \$ 6.00 - - - - (\_\_\_\_)
  - [C2] Fraternal License Renewal Fee \$ 25.00 - - - - (\_\_\_\_)

**Total** (Should match field at top of form) [A + B + C] = \$ \_\_\_\_\_

For assistance filling out this Lock Box Form, please e-mail the Company Licensing Section of the Massachusetts Division of Insurance at [companies.mailbox@state.ma.us](mailto:companies.mailbox@state.ma.us)