



DEPARTMENT OF FINANCIAL SERVICES
Office of Insurance Regulation – Bureau of Life and Health Solvency

HEALTH MAINTENANCE ORGANIZATION

Annual Report Filing Fees

(as provided under Section 641.29, F.S.)

(Name of HMO)

Filing Fee	Amount	Type	Class	Fund	Account	Source
Annual Fee	\$150.00	12	48 3	09	1	

_____ ATTACH YOUR CHECK HERE

RETURN TO:
 DEPARTMENT OF FINANCIAL SERVICES
 BUREAU OF LIFE & HEALTH SOLVENCY
 POST OFFICE BOX 6100
 REVENUE PROCESSING SECTION
 TALLAHASSEE, FL 32314-6100