

ESTIMATED PRIVILEGE FEE STATEMENT  
IN ACCORDANCE WITH K.S.A. 40-3213

NAIC #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PERSON RESPONSIBLE FOR  
COMPLETION OF THIS STATEMENT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

K.S.A. 40-3213 requires that on or before March 31 and September 30 of each year, each health maintenance organization shall pay 50% of the privilege fee that was reported as being due by the company.


2025 ESTIMATED PREMIUM	_____
2025 PRIVILEGE FEE RATE	_____ 5.77%
2025 ESTIMATED PRIVILEGE FEE	_____
LESS 2024 REFUND (If Applicable)	_____
2025 ESTIMATED PRIVILEGE DUE	_____
BALANCE DUE MARCH 31	_____
BALANCE DUE SEPTEMBER 30	_____

Send the completed form via email to [Charlotte.Daubert@ks.gov](mailto:Charlotte.Daubert@ks.gov).

Direct any questions to the Comptroller's office at 785-291-3191 or [Charlotte.Daubert@ks.gov](mailto:Charlotte.Daubert@ks.gov)

**PAYMENTS:**

**We are no longer accepting paper checks.** Payments should be sent via electronic funds transfer.

 A notice of payment that includes contact information, name of company, amount of payment, and description of payment is to be sent to [KDOI.AR@ks.gov](mailto:KDOI.AR@ks.gov).

Bank: US Bank, N.A  
Routing Number: 101000187  
Account Number 145592399664