



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.

2022 ESTIMATED PREMIUM	_____
2022 PRIVILEGE FEE RATE	_____ 5.77%
2022 ESTIMATED PRIVILEGE FEE	_____
LESS 2021 REFUND (if applicable)	_____
2022 ESTIMATED PRIVILEGE DUE	_____
BALANCE DUE MARCH 31	_____
BALANCE DUE SEPTEMBER 30	_____

Direct any questions to the Comptroller's office at 785-291-3191 or Charlotte.Daubert@ks.gov

PAYMENT

ELECTRONIC FUNDS TRANSFER:

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

We are no longer accepting paper checks

Return a copy of this statement with your remittance or email to Charlotte.Daubert@ks.gov