



State of Illinois  
**Calendar Year 2022 Private Passenger  
 Motor Vehicle Insurance Fee Form**

Illinois Department of Insurance  
 P.O. Box 7087  
 Springfield, IL 62791

Payable: On or before March 31, 2023, for Calendar Year 2022

Federal Employer Identification Number: \_\_\_\_\_

By the \_\_\_\_\_ Insurance Company

of \_\_\_\_\_  
 Street and Number City State Zip Code

For the calendar year 2022 as required by "20 ILCS 4005/8.6 " of the Illinois Compiled Statutes.

**Required Information**

1. Number of Insurer's total earned car years of private passenger motor vehicle insurance policies providing physical damage insurance coverage written in this State during the preceding calendar year..... \_\_\_\_\_
2. Balance due (Line 1 multiplied by \$4) ..... \$ \_\_\_\_\_

**A separate check is requested for each company of an insurance group and for each tax or fee.  
 You must complete and return this form, even if no fee is due.**

The undersigned Representative of the \_\_\_\_\_ Insurance Company declares under penalties of perjury that the foregoing calculation has been examined by him/her, and to the best of his/her knowledge and belief is true, correct, and complete.

Representative's signature

Date

Representative's Name (Printed)

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Remittance should be payable to and mailed with the completed form to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60.

**Important Notice:** Disclosure of this information is *required* under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine.