



State of Illinois
**Calendar Year 2024 Private Passenger
 Motor Vehicle Insurance Fee Form**

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

Payable: On or before March 31, 2025, for Calendar Year 2024

Federal Employer Identification Number: _____

By the _____ Insurance Company

of _____
 Street and Number City State Zip Code

For the calendar year 2024 as required by "20 ILCS 4005/8.6 " of the Illinois Compiled Statutes
Web Site: doi.illinois.gov (Companies>Company Tax Forms...)

Required Information

1. Number of Insurer's total earned car years of private passenger motor vehicle insurance policies providing physical damage
2. insurance coverage written in this State during the preceding calendar year..... _____
3. 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. Rev (01/25)