

Effective January 1, 2009

Life, Accident and Health, Annuity, Credit Transmittal Document
INSTRUCTION SHEET

(*See state specific requirements prior to submitting filings to the respective state)

1. Prepared for the State of: _____ – Indicate for which state the filing is being prepared.

2. Department Use Only

- State Tracking ID – State assigned ID for internal purposes, if applicable.
- Space available for state to input

3. Insurer Name and Address – Provide the insurance company name and address. This is the licensee name on the submitted forms.

- State of Domicile – State of domicile for company.
- Insurer License Type – The type of entity as listed on the Certificate of Authority or as licensed by the state to which the filing is being submitted. Examples include Life, HMO, Fraternal, Accident & Health, and Property & Casualty.
- NAIC Group # – NAIC Group number (3 digits).
- NAIC # – NAIC Company code number (5 digits).
- FEIN # – Federal identification number.
- State # – The company specific state code, if available or required by the filing jurisdiction.

4. Contact Name and Address – Compliance contact(s) for submission, company's name (if other than the insurer), and address for correspondence.

- Telephone Number – Telephone number of the contact person.
- Fax Number – Fax number of the contact person.
- E-mail – E-mail address of the contact person.
- If contact person is a third party filer, a letter of authorization must be submitted.

5. Requested Filing Mode – Indicate the type of filing review requested. Only one option may be selected. If Combination or Other is selected, an explanation is required.

6. Company Tracking Number – Company's internal filing number or identifier. (If applicable)

7. New Submission or Resubmission – If resubmission, provide the state tracking number for the prior submission if it was provided by the state. If no state tracking number is available, and the prior filing was made in SERFF, provide the prior filing's SERFF Tracking Number. If neither is available, leave this blank.

8. Market – An identification of the targeted group or individuals. If Group, first select group size, then select one or more group types. If Other is selected, an explanation must be provided.

9. Type of Insurance (TOI) – List all applicable types utilizing the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix.

10. Sub-Type of Insurance (Sub-TOI) – Refer to the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. (www.naic.org)

11. Submitted Documents

- Mark ALL applicable boxes.
- Provide explanation whenever Other is selected.
- If filing forms, complete the Form Filing Attachment.
- If filing rates, complete the Rate Filing Attachment.
- If Filing Other Than Form or Rate is selected, identify what is being submitted and provide any required documents according to state regulations.
- If Supporting Documentation is provided, check which document(s) and submit according to state specific requirements.
- Submit the required number of copies according to state specific instructions

12. Filing Submission Date – Date the filing is being submitted by the company.

13. Filing Fee (If required) – If a filing fee is required by the state for which the filing is being prepared, indicate the amount, whether retaliatory, check date, and check number. See State specific instructions.

14. Date of Domiciliary Approval – Date filing was approved in domicile. If not approved, provide clarification.

15. Filing Description – General description of the filing. This section replaces the body of the cover letter, and should be completed according to state specific instructions.

16. Certification (If required)

- A Certification indicating you have reviewed state filing requirements and complied with all applicable statutory and regulatory provisions for the state for which the filing is being prepared. See State specific instructions.
- Provide name, title, date, and signature.

17. Form Filing Attachment

- **This filing transmittal is part of company tracking number** – Insert company tracking number on transmittal document.
- **This filing corresponds to rate filing company tracking number** – Insert company tracking number of rates.
- **Document Name** – Identify the document name in the upper box of each section.
- **Description** – Give a brief description of the form in the lower box of each section.
- **Form Number** – Identify the form number. Include an edition date, if required.
- **Initial or Revised -**
 - **Initial** – Mark “X” to indicate the form is new.
 - **Revised** – Mark “X” to indicate the form is a revision of a previous submission. List the replaced form # and previous state filing #.
 - **Other** – Mark “X” and provide clarification.
- **Replaced form #, and previous state filing #** – Identify the replaced form number, and previous state filing number if required by the specific state.

Complete as many attachments as necessary for the submitted filing.

18. Rate Filing Attachment

- **This filing transmittal is part of company tracking number** – Insert company tracking number on transmittal document.
- **This filing corresponds to form filing for company tracking number** – Insert company tracking of forms.
- **Overall percentage Rate Indication (when applicable)** – Complete this field only when an actuarial indication is included in the filing submission.
- **Overall percentage rate impact for this filing: _____%** – Company calculated impact.
- **Document Name** – Identify the component name in the top box of each component.
- **Description** – Brief description of the rates submitted in the lower box of each section.
- **Affected Form Numbers** – Identify the affected forms.
- **New, Revised, Other** –
 - **New** – Mark “X” to indicate the filing is for a new product.
 - **Revised** – Mark “X” to indicate the filing is a revision of a previous submission. List the previous state filing number. If revised indicate the requested percentage amount in space provided.
 - **Other** – Mark “X” and provide clarification.
- **Previous state filing number, if required by state** – Identify the previous state filing number if required by the specific state.

Complete as many attachments as necessary for the submitted filing.