

**GEORGIA DEPARTMENT OF INSURANCE
LIFE AND HEALTH DIVISION
RATE FILING TRANSMITTAL FORM
TOP SHEET ATTACHMENT**

ONLY ONE LINE OF BUSINESS PER TRANSMITTAL FORM
ONLY ONE PLAN DESIGN PER TRANSMITTAL FORM
ONLY ONE COMPANY PER TRANSMITTAL FORM

DEPARTMENT USE ONLY

| |
|-------------------------------|
| DEPARTMENT JACKET# |
| ACTUAL EFFECTIVE DATE: |
| FILING RECEIVED ON: |
| ANALYST: |
| ACTUAL % DEPT. APP/ACK: |
| ACTION: WD / APP / FILE / DIS |
| EXAM: |
| EXAMINER: |

| | | | | | |
|--|---------------------------|-----------------------------|--|----------------------------------|---|
| INSURER: | | | | | |
| NAIC CODE NUMBER: | | | | | |
| | NAIC GROUP NUMBER: | | | | |
| | | | | STATE OF DOMICILE: | |
| TRANSMITTAL DATE: | | | | | |
| | mo | dy | yr | | |
| INSURANCE LINE: <small>(See Note Pg 2, Use Code)</small> | | | | PROGRAM TITLE: | |
| | | | | | <small>(See Note Page 2, Use Titles)</small> |
| PLAN/PF NUMBER: | | | | | <small>(Identify by Plan Type and Policy Form Number)</small> |
| TOTAL FILING FEE | \$ | GEORGIA FEE \$75 PER FILING | \$ | # SUBMITTED | 461.235 |
| | | RETALIATORY FEE (If higher) | \$ | | 461.236 |
| CHECK NUMBER | | TOTAL FEE: | \$ | <i>For Department Use Only</i> | |
| TYPE OF FILING: | | | | | |
| INITIAL CONSIDERATION: | | | | | |
| RECONSIDERATION: | | | | | |
| PROPOSED EFFECTIVE DATE: | | | | <i>DOI Date Stamped Received</i> | |
| | mo | dy | yr | | |
| REQUESTED RATE INCREASE | | % | TARGET LOSS RATIO | | % |
| PROJECTED LOSS RATIO WITH INCREASE | | % | TREND | | % |
| PROJECTED LOSS RATIO WITHOUT INCREASE | | % | DATE OF LAST RATE CHANGE FILING | | |
| | | | | mo | dy |
| | | | | yr | |
| GEORGIA DIRECT WRITTEN PREMIUM FOR PLAN: <small>(AS OF LAST ANNUAL STATEMENT PERIOD)</small> | | | | | OVERALL PERCENTAGE OF PREVIOUS FILING: |
| | | | | | |
| CONTACT PERSON | | | | | |
| PHONE NUMBER | | | | | |
| BRIEF DESCRIPTION OF THIS FILING: | | | | | |