LOUISIANA DEPARTMENT OF INSURANCE

1702 North 3rd Street (70802) P O Box 94214 Baton Rouge, LA 70804-9214 (225) 342-1226 - Telephone / (225) 342-7401 - Fax

LIFE & ANNUITY TRANSMITTAL DOCUMENT

DEPARTMENT USE ONLY		
LA DOI Filing #		
Received Date:		
EIC:		
Close Date:		
Disposition Code:		
Disapproval Reason:		
Filing Fee Amount Due - \$	Batch & Classification #s	
Refund Amount - \$	Issue Date:	Check #

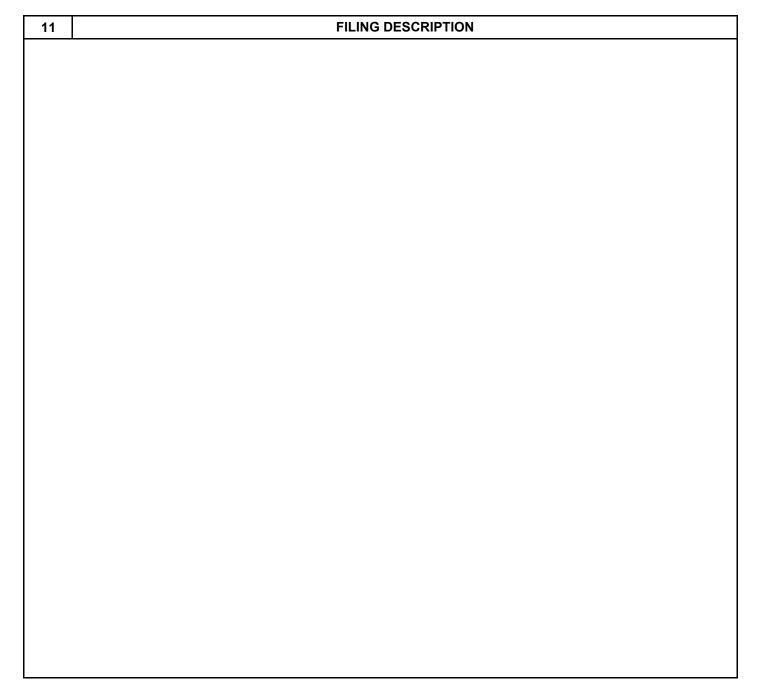
1	INSURER NAME & ADDRESS	
		Domicile:
		NAIC Group #
		NAIC #
		FEIN #
1		

2	FILER / CONTACT NAME, TITLE & ADDRESS	
		E-Mail Address
		Phone #
		Fax #

3	FILING METHOD	a) Paper	
		b) Electronic / SERFF	
		\rightarrow Tracking #	
4	COMPANY TRACKING #		
5	FILING SUBMISSION DATE		
6	FILING FEE AMOUNT PAID (if any)	Check #	\$
7	DATE of DOMICILIARY APPROVAL		
8	LA DOI PRODUCT CODE		

	TYPE OF REVIEW	Indicate (x) Below
٩	a) Compliance Review	
5	b) Certification of Compliance	
	c) Informational	

	FILING SUBMISSION TYPE		Indicate (x) Below
	a) New Insurance Product		
	b) Exception (Partial Filing)		
	c) Resubmission - Revised Forms Previously Approved		
	→ Date Previously Approved:	LA DOI Filing #	
	d) Resubmission - Revised Forms Previously Disapproved		
10	→ Date Previously Disapproved:	LA DOI Filing #	
	e) Amendment of Form Previously Approved		
	→ Date Previously Approved:	LA DOI Filing #	
	→ Will Product Continue to be Marketed?		
	f) Permanent Withdrawal of Previously Approved Product		
	→ Date Previously Approved:	LA DOI Filing #	
	\rightarrow Will existing business continue to be renewed?		



12	SUBMITTED DOCUMENTS		Indicate (x) Below
	a) Filing Fee	(If applicable)	
	b) Statement of Compliance	(If applicable)	
	c) Certification of Compliance	(If applicable)	
	d) Affidavit of Compliance	(If applicable)	
	e) Policy (Group or Individual)	(duplicate copies)	
	f) Certificate of Coverage	(duplicate copies)	
	g) Application (Group or Individual)	(duplicate copies)	
	h) Enrollment Form	(duplicate copies)	
	i) Rider / Endorsement / Amendment	(duplicate copies)	
	j) Actuarial Memorandum	(duplicate copies)	
	k) Life Illustrations	(If applicable)	
	I) Stamped, self addressed envelope	(If applicable)	
	m) Association Constitution, By-laws, Membership Application,		
	Membership Agreement, and Brochure of Membership Benefits	(Group Assn Plan)	
	other than insurance.		
	n) Trust Agreement, Articles of Incorporation or other instrument creating the Trust, and Member Adoption Agreement.	(Group Trust Plan)	
	o) Other:		

13	METHOD OF MARKETING		Indicate (x) Below
	*	Independent Agents / Producers	
		Captive Agents / Producers	
		Telephone, E-mail or Direct Mail Solicitation	
		Internet Advertisements	
		Group or Organization Sponsor	
		Third Party Administrator	
		Association	
		Trust	
		Other (Describe on Line 11 - Filing Description)	

	LIFE & ANNUITY POLICY FORM / ADVERTISING FILING ATTACHMENTS				
14	Company Tracking #			LA DOI Filing #	
14					
	Document Name	Form Number	Form Status	Revised / Replaced Form #	
	Description	r onn Number	i onn Status	Previous LA DOI Filing #	
			[] - Initial		
a)			[] - Revised		
u)			[] - Approved		
			[] - Other		
			[] - Initial		
b)			[] - Revised		
,			[] - Approved		
			[] - Other		
			[] - Initial		
c)			[] - Revised [] - Approved		
			[] - Other		
			[] - Initial		
			[] - Revised		
d)			[] - Approved		
			[] - Other		
			[] - Initial		
			[] - Revised		
e)			[] - Approved		
			[] - Other		
			[] - Initial		
f)			[] - Revised		
f)			[] - Approved		
			[] - Other		
			[] - Initial		
g)			[] - Revised		
9/			[] - Approved		
			[] - Other		
			[] - Initial		
h)			[] - Revised		
,			[] - Approved		
			[] - Other		

15 Co	ompany Tracking #		LA DOI Filing #	
	Document Name / Description	Affected Form Number	Rate Status	Previous LA DOI Filing #
			Initial	
			Revised: + % Revised: %	
a) —			Revised: %	
			Other	
			Initial	
h)			Revised: + %	
b) —			Revised: %	
			Other	
			Initial	
- >			Revised: + %	
c) —			Revised: %	
			Other	
			Initial	
-1)			Revised: + %	
d) —			Revised: %	
			Other	
			Initial	
,				
e) —			Revised: + % Revised: %	
			Other	
			Initial	
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f) —			Revised:%	
			Other	
			Initial	
			Revised: +%	
g) —			Revised:%	
			Other	
			Initial	
			Revised: + %	
n)			Revised:%	
			Other	

16	ADDENDUM TO FILING DESCRIPTION