

INFORMATIONAL RATE FILING TRANSMITTAL AND CERTIFICATION

**GEORGIA DEPARTMENT OF INSURANCE
LIFE AND HEALTH DIVISION
TOP SHEET ATTACHMENT**

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

I
N
F
O
R
M
A
T
I
O
N
A
L

INSURER:	<input style="width: 90%;" type="text"/>		
NAIC CODE NUMBER:	<input style="width: 20px;" type="text"/>	NAIC GROUP NUMBER:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
STATE OF DOMICILE:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
TRANSMITTAL DATE:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>mo dy yr</small>		
INSURANCE LINE:	<input style="width: 90%;" type="text"/>		
PLAN/PF NUMBER:	<input style="width: 90%;" type="text"/>		
TYPE OF FILING: (check all that apply)		<i>For Department Use Only</i>	
INITIAL CONSIDERATION: <input type="checkbox"/>			
RECONSIDERATION <input type="checkbox"/>			
PROPOSED EFFECTIVE DATE:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>mo dy yr</small>		
REQUESTED RATE INCREASE	<input style="width: 40px;" type="text"/> %	TARGET LOSS RATIO	<input style="width: 40px;" type="text"/> %
PROJECTED LOSS RATIO WITH INCREASE	<input style="width: 40px;" type="text"/> %	TREND	<input style="width: 40px;" type="text"/> %
PROJECTED LOSS RATIO WITHOUT INCREASE	<input style="width: 40px;" type="text"/> %	DATE OF LAST RATE CHANGE FILING	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>mo dy yr</small>
GEORGIA DIRECT WRITTEN PREMIUM FOR PLAN: (AS OF LAST ANNUAL STATEMENT PERIOD)	<input style="width: 90%;" type="text"/>		OVERALL PERCENTAGE OF PREVIOUS FILING:
CONTACT PERSON	<input style="width: 90%;" type="text"/>		
PHONE NUMBER	<input style="width: 90%;" type="text"/>		
BRIEF DESCRIPTION OF THIS FILING:	<input style="width: 90%;" type="text"/>		
	<input style="width: 90%;" type="text"/>		

DOI Date Stamped received