

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