

**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 #

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

3	FILING METHOD	a) Paper	
		b) Electronic / SERFF	
		→ 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		

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

FILING SUBMISSION TYPE		Indicate (x) Below
10	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	
	→ 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 #	
→ Will existing business continue to be renewed?		

11	FILING DESCRIPTION

<b>12</b>	<b>SUBMITTED DOCUMENTS</b>		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)	
	l) Stamped, self addressed envelope	(If applicable)	
	m) Association Constitution, By-laws, Membership Application, Membership Agreement, and Brochure of Membership Benefits other than insurance.	(Group Assn Plan)	
	n) Trust Agreement, Articles of Incorporation or other instrument creating the Trust, and Member Adoption Agreement.	(Group Trust Plan)	
o) Other:			

<b>13</b>	<b>METHOD OF MARKETING</b>		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 #
	Document Name	Form Number	Form Status	Revised / Replaced Form #
	Description			Previous LA DOI Filing #
a)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
b)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
c)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
d)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
e)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
f)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
g)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
h)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	

LIFE & ANNUITY RATE FILING ATTACHMENTS				
15	Company Tracking #		LA DOI Filing #	
	Document Name / Description	Affected Form Number	Rate Status	Previous LA DOI Filing #
a)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
b)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
c)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
d)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
e)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
f)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
g)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
h)			Initial	
			Revised: + ____ % Revised: - ____ % Other	

