

LOUISIANA DEPARTMENT OF INSURANCE
INSTRUCTIONS - Life & Annuity Transmittal Document

This section is to be completed by Insurance Department personnel only.		
1	INSURER NAME & ADDRESS	Enter the full, exact name of the insurer and mailing address. Enter the insurer's state of Domicile, NAIC Group number (3 digits), NAIC Company number (5 digits) and FEIN in the boxes provided.
2	FILER / CONTACT NAME, TITLE & ADDRESS	Enter the name and title of the contact person responsible for making the filing and mailing address if different from that given on Line 2. If the filing is submitted by an entity contracted by the insurer, also include the name of the firm and mailing address. Enter the contact person's e-mail address, telephone and fax numbers in the boxes provided.
3	FILING METHOD	Indicate whether the filing is being submitted as a paper filing or as an Electronic/Serff filing. If through Electronic/Serff include the tracking number.
4	COMPANY TRACKING NUMBER	Enter the number assigned by the insurer to track the filing. If no tracking number is assigned, indicate N/A.
5	FILING SUBMISSION DATE	Enter the date the filing is submitted to the Department.
6	FILING FEE AMOUNT PAID (if any)	Enter the check number and amount of filing fee paid. If no fee is due, indicate N/A.
7	DATE of DOMICILIARY APPROVAL	Enter the date the filing was approved by the insurer's state of domicile, the date filed and that approval is pending, or indicate "Refer to Filing Description" and provide other explanation why the date of domiciliary approval is unavailable.
8	LA DOI PRODUCT CODE	From the Statement of Compliance, enter the LA DOI Product Code.
9	TYPE of REVIEW	Place an "x" in the box to the right of the appropriate choice.
	a) COMPLIANCE REVIEW	Department review of a filing to determine that the filing is in compliance with all applicable requirements of law or, that the filing should be disapproved for noncompliance.
	b) CERTIFICATION OF COMPLIANCE	Expedited approval of a complete filing. Such filings must include both a Statement of Compliance and a Certification of Compliance. See Directive 174 for the list of insurance products for which Certified Approval is either required or available at the option of the insurer.
	c) INFORMATIONAL	INFORMATIONAL means filing of information not required by statute, rule or regulation. It may also be used to provide notice of permanent withdrawal from the market of a previously approved policy form. While no Form Filing Attachments are required for notice of permanent withdrawal, the Filing Description (Line 12) should explain the reason for the filing and provide a listing of all policy form numbers being withdrawn. If insufficient space is provided under Line 11(f) of the Transmittal Document, the Filing Description should also indicate whether or not business written under the policy forms remains in force in Louisiana and, if so, whether or not that existing business will continue to be renewed. Also, include the dates the forms were originally approved and the LA DOI Filing numbers, if available.

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10	SUBMISSION TYPE	Place an "x" in the box to the right of the appropriate choice.
	a) NEW INSURANCE PRODUCT	A <i>new insurance product</i> involves a basic insurance policy form delineating the terms, provisions and conditions of a <u>specific type of coverage</u> under a <u>particular type of contract</u> , substantially different from any insurance product previously certified or approved. The <i>basic insurance policy form</i> for a product is comprised of all related forms, including: policies, certificates, applications / enrollment forms; and rider / endorsement forms, actuarial memorandums and life illustrations. A <i>Complete Filing is required and the filing fee is applied per insurance product included with a submission.</i>
	b) EXCEPTIONS	<p>EXCEPTION to the requirements for a <i>Complete Filing</i> include the following:</p> <p>Application / Enrollment Forms - Such filing must include a list of form numbers and dates approved for each previously approved product with which the new application / enrollment forms will be used. <i>No Filing Fee Required.</i></p> <p>Assumption Certificates - Such filings must include a copy of the assumption agreement, letter of domiciliary state approval, information fully identifying the block of business being assumed, the number of covered lives residing in Louisiana, and the effective date of the assumption. <i>No Filing Fee Required.</i></p> <p>Riders or Endorsement Forms - Forms which affect previously approved life insurance or annuity products, provided that the policy form filings and dates approved are identified for each previously approved product. <i>No Filing Fee Required.</i></p>
	c) RESUBMISSION / REVISED FORMS PREVIOUSLY APPROVED	Such filing must also include a copy of the previously approved form(s), an outline of the proposed revisions - referencing the specific sections and page numbers for each form being revised, a restatement of the form with all proposed revisions underlined in red or otherwise emphasized, and a copy of the prior order of approval. The revised forms should have a unique form number. <i>A Complete Filing is required and the filing fee is applied per insurance product included with a filing.</i>
	d) RESUBMISSION / REVISED FORMS PREVIOUSLY DISAPPROVED OR WITHDRAWN	Such filing must also include an outline of the proposed revisions - referencing the specific sections and page numbers for each form being revised, a restatement of the form with all proposed revisions underlined in red or otherwise emphasized, and a copy of the prior order of disapproval or withdrawal of approval. The revised forms should have a unique form number. <i>A Complete Filing is required and the filing fee is applied per insurance product included with a filing.</i>
	e) AMENDMENTS / PREVIOUSLY APPROVED PRODUCTS	Filings of amendatory riders or endorsements as needed to bring into compliance with law any existing insurance or annuity products that have been previously approved and are currently in force, but are no longer being marketed, must include specimen copies of the previously approved forms, the dates previously approved, and the specific terms and provisions being amended, underlined in red or otherwise noted. The transmittal letter should advise that the previously approved form is no longer being marketed.

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10	f) PERMANENT WITHDRAWAL / PREVIOUSLY APPROVED PRODUCT	<p>Insurers shall notify the Department to advise when a previously approved product is PERMANENTLY WITHDRAWN from the market. No filing fee is required.</p> <p>No Form Filing Attachments are required for notice of permanent withdrawal. The Filing Description (Line 12) should explain the reason for the filing and provide a listing of all policy form numbers being withdrawn. If insufficient space is provided under Line 11(f) of the Transmittal Document, the Filing Description should also indicate whether or not business written under the policy form remains in force in Louisiana. If so, advise whether or not the existing business will continue to be renewed. Also, advise the dates the forms were originally approved and provide the LA DOI Filing numbers, if available.</p>
11	FILING DESCRIPTION	This section replaces the body of the cover letter. The filing description must describe the items included in the filing, the life or annuity product for which the filing is being made, and the method of marketing to be used for the product. If the filing will include health insurance to be offered as an optional benefit under the base life insurance product, the policy forms should be submitted in triplicate and include the appropriate <i>Statement of Compliance</i> for said life insurance product.
12	SUBMITTED DOCUMENTS	Place an "x" in the box to the right of the appropriate choices. Include a description for any "OTHER" documents submitted not otherwise listed.
13	METHOD OF MARKETING	Place and "x" in the box to the right of the appropriate choice(s). Include a description in the Filing Description (Line 12) for any "OTHER" method of marketing not otherwise listed.
14	FORM / ADVERTISING FILING ATTACHMENTS	
	Company Tracking #	Enter the Company Tracking Number from Line 5. (The LA DOI Filing Number will be entered by Department personnel.)
	Document Name	In the upper box, identify the type of document by name, i.e. <i>Statement of Compliance, Certification of Compliance, Policy, Certificate of Coverage, Application, Enrollment Form, Rider/Endorsement, Actuarial Memorandum, Life Illustrations, Association Constitution / By-Laws, Trust Agreement, etc.</i>
	Description	In the lower box, provide a brief description of the form.
	Form Number	Identify the form number. Every page of each policy form comprising the <i>Complete Filing</i> must be identified by a form number in the lower left corner.
	Form Status	<p>Indicate "Initial" if the form is new. Also, indicate "N/A" in the last column.</p> <p>Indicate "Revised" if the form is a revision of a previous submission. Also provide the replaced form number and previous LA DOI filing number in the last column.</p> <p>Indicate "Approved" if the form has been previously approved, has not been revised and will be used with the product being filed in order to comprise a <i>Complete Filing</i>. Also provide the previous LA DOI filing number in the last column.</p> <p>Indicate "Other" and provide clarification.</p>
	Replaced Form # and Previous LA DOI Filing #	Where appropriate, identify the replaced form number and previous LA DOI filing number.

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15	RATE FILING ATTACHMENTS	
	Document Name	In the upper box, identify the type of document by name, i.e. premium rates, classification of risks, rating schedule, etc.
	Description	In the lower box, provide a brief description of the rate filing, i.e. initial rates, rate adjustment, annual rate filing, etc.
	Affected Form Number	Identify the form numbers for the insurance product affected.
	Rate Status	Indicate " Initial " if the rate filing is for a new product.
		Indicate " Revised " if the rate filing is a revision of a previous submission and percentage of rate increase or decrease. Also provide the previous LA DOI filing number in the last column.
		Indicate " Other " and provide clarification.
	Previous LA DOI #	Where appropriate, identify the previous LA DOI filing number.
16	Addendum to Filing Description	If additional space is needed include the additional information on this page.