

**STATE OF DELAWARE - DEPARTMENT OF INSURANCE
LIFE, ACCIDENT & HEALTH FILING STATE SPECIFICS**

Company NAIC #: _____

Company Name: _____

Company Reference #: _____

1. State of Domicile _____

2. Has this filing been approved in the State of Domicile? Yes No

3. This filing is submitted in accordance with 18 Del. C.:

Chapter(s) _____ Section(s) _____

Regulation(s) _____ Section(s) _____

4. Health Rate Filings should include the following information, attachments or exhibits in Excel file, if possible:

- a. Total rate deviation (+ or -), including trend, if applicable: Qtr: _____ Annual: _____
- b. Average annual premium: _____
- c. Proposed effective date _____
- d. Number of Delaware residents affected by rate deviation _____
- e. Old and new rates (rate sheets attached?) _____
- f. Provide 5-yr rate history. Include percentage requested/approved, date filed by Department, date filed rates were implemented.
- g. Area factors.
- h. Actuarial memorandum.
- i. Assumptions used in projections with algorithms.
- j. Target, pricing, and realistic loss ratios.

Note: Long-Term Care rate filings should include (copy of) Cost Disclosure per Regulation 1404.6.1.4 for affected forms.

Statement of Compliance

Pursuant to the requirements of 18 Del. C., Section 2528, and subject to the penalties found in 18 Del. C., Section 106, I certify that the information stated above and in the attachments consisting of _____ pages is correct and complete to my best knowledge and belief and fully conforms to all applicable laws, regulations, and requirements of the State of Delaware.

Print Name

Date

Signature

Title (Must be a Company Officer)