



**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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**HEALTH INSURANCE RATE FILING TRANSMITTAL FORM – LH-T1  
FOR PRIOR APPROVAL AND INFORMATIONAL RATE FILINGS  
EXHIBIT A**

**INSURANCE  
PRODUCT REVIEW  
LIFE & HEALTH  
GID-385-LH MAY2015  
(same as LH-T1)**

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

ONLY ONE PLAN DESIGN FOR TRANSMITTAL FORM  
ONLY ONE LINE OF BUSINESS PER TRANSMITTAL FORM  
ONLY ONE COMPANY PER TRANSMITTAL FORM

*DEPARTMENT USE ONLY*

STATE TRACKING #: \_\_\_\_\_  
FILING RECEIVED ON: \_\_\_\_\_  
RATE INDICATION: \_\_\_\_\_  
ACTUAL % DEPT. APP/ACK: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

INSURER:

NAIC CODE  
NUMBER:

NAIC GROUP  
NUMBER:

STATE OF  
DOMICILE:

TRANSMITTAL  
DATE:

mo. dy. yr.

PROGRAM TITLE &  
FORM SERIES:

CODE & INSURANCE LINE:

SERFF TRACKING #:  
(Current Rate Filing)

PRIOR  
SERFF TRACKING #:  
(Last Rate Change  
Filing)

TYPE OF FILING: (check all that apply)

INITIAL CONSIDERATION:

RECONSIDERATION:

DATE OF LAST  
RATE CHANGE  
FILING:

mo. dy. yr.

PROPOSED EFFECTIVE DATE:

mo. dy. yr.

REQUESTED RATE  
INCREASE:

TARGET LOSS  
RATIO:

CUMULATIVE  
LOSS RATIO:

LOSS RATIO  
WITH INCREASE:  
(SEE INSTRUCTIONS)

TREND:  
(CLAIMS)

NUMBER OF GA  
INSUREDS:

LOSS RATIO  
WITHOUT INCREASE:  
(SEE INSTRUCTIONS)

TREND:  
(RATE FACTOR)

OVERALL %  
RATE INCREASE OF  
PREVIOUS GA FILING:  
(APPROVED OR FILED)

GEORGIA DIRECT  
WRITTEN PREMIUM  
FOR PLAN:

CHECK ONE OR BOTH:

OPEN BLOCK

CLOSED BLOCK

CONTACT  
PERSON:

PHONE NUMBER:

EMAIL ADDRESS:

BRIEF  
DESCRIPTION  
OF THIS FILING: