

**OFFICE OF COMMISSIONER OF INSURANCE  
PROPERTY AND CASUALTY DIVISION  
SERFF FILING FEE TRANSMITTAL - RATE/RULE FILING**

Staple Check Here

**Group Name:** \_\_\_\_\_

**Company Filing Number:** \_\_\_\_\_ **SERFF Tracking #:** \_\_\_\_\_

**Check Number** \_\_\_\_\_ **Date of Submission** \_\_\_\_\_

Company Name	State of Dom.	(a) Georgia Filing Fee	(b) Retaliatory Fee (fee charged by insurer's domiciliary state for identical filing)	(c) Subtotal [The Greater of (a) or (b) ]
1.		\$75.00	\$	\$
2.		\$75.00	\$	\$
3.		\$75.00	\$	\$
4.		\$75.00	\$	\$
5.		\$75.00	\$	\$
6.		\$75.00	\$	\$
7.		\$75.00	\$	\$
8.		\$75.00	\$	\$
9.		\$75.00	\$	\$
10.		\$75.00	\$	\$
11.		\$75.00	\$	\$
12.		\$75.00	\$	\$
13.		\$75.00	\$	\$
14.		\$75.00	\$	\$
15.		\$75.00	\$	\$
16.		\$75.00	\$	\$
17.		\$75.00	\$	\$

<b>TOTAL OF COLUMN (c)</b>	<b>\$</b>
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**(NOTE Group filings are permissible only if the rates and/or rules are identical for each company. All rate selections and rate levels must be identical for each company. The company filing number must be identical. If not, a separate SERFF filing, filing fee transmittal, and check is required for each company.)**

Is this filing a resubmission of a previously disapproved filing? Yes  No  (check one)

If yes, no filing fee is required if disapproved for reasons other than nonpayment of fees provided that the following information is completed.

Prior Submission Date: \_\_\_\_\_ Disapproval Date: \_\_\_\_\_

Company Filing Numbers: \_\_\_\_\_