



Texas Department of Insurance

Filing Intake Division: Mail Code 106-1E
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www.tdi.state.tx.us
512-322-4245

Transmittal Form for Certain Miscellaneous Documents for Life/Health

INSURANCE COMPANY NAME

ADDRESS

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PHONE

()
FAX

CONTACT PERSON FOR THIS FILING

ADDRESS

()
PHONE

()
FAX

Authorization is attached, if contact person is anyone other than the submitting company—28 TAC §3.2(b)(3)(B)

1 Filing Type (check the appropriate box):

- Life Illustration
- Preferred Provider Health Benefit Plan Directories
- Preferred Provider Service Area or Geographic Descriptions
- Annual Report
 - Long-term Care Lapse and Replacement Report
 - Long-term Care Recission Report
 - Long-term Care Denial of Claims Report
 - Medicare Select Grievance Report
 - Medicare Refund Calculation
 - Medicare Rate Report
 - Long-term Care Report

- Chapter 26 Certifications:
 - Figure 40
 - Figure 42
 - Figure 43
 - Figure 44
 - Figure 47
 - Figure 48
 - Figure 49
 - Figure 50
 - Figure 51
 - CCP Figure 2

2 If applicable, list the form numbers and approval dates of the forms with which the filing will be used and provide a general statement explaining when the documents will be used with the listed forms. Attach a separate sheet of paper, if necessary.

FORM #	APPROVAL DATE(S)	PURPOSE/USE