



# Texas Department of Insurance

Filing Intake Division: Mail Code 106-1E  
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512-322-4245

## Transmittal Form for Certain Miscellaneous Documents for Life/Health

**INSURANCE COMPANY NAME**

ADDRESS

( )  
AREA CODE PHONE

( )  
AREA CODE FAX

**CONTACT PERSON FOR THIS FILING**

ADDRESS

( )  
AREA CODE PHONE

( )  
AREA CODE 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 boxes):

- Group                       Individual
- Life Illustration
- Annual Equity Index Annuity Certification
- Preferred Provider Health Benefit Plan Directories
- Preferred Provider Service Area or Geographic Descriptions
- Annual Reports
  - Long-term Care Lapse and Replacement Report
  - Long-term Care Rescission 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:**

- LHL 150 Rev. 01/06 (Figure 40)
- LHL 152 Rev. 12/05 (Figure 42)
- LHL 153 Rev. 12/05 (Figure 43)
- LHL 154 Rev. 12/05 (Figure 44)
- LHL 157 Rev. 12/05 (Figure 47)
- LHL 158 Rev. 12/05 (Figure 48)
- LHL 159 Rev. 12/05 (Figure 49)
- LHL 160 Rev. 12/05 (Figure 50)
- LHL 161 Rev. 12/05 (Figure 51)
- CCP Figure 1
- 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