



Life/Annuity filing Form F 105 (9/'99)
Required Information for All filings & the Filing Fees

Vermont . . .

Department of Insurance

For Dept Use Only:
File No.:

NAIC #: TRANSMITTAL DATE:

Company Name:
Address:
City, State, Zip:
Phone: () . Contact Person:

Amends a Previously Approved filing, Departmental File No.: Approval Date:

Type of Filing: Form(s) Rate(s) Rate & Form Group Individual Includes Side-by-Side Comparison

Completely and accurately identify this product. If one of the following does not completely describe the filing, then add Your comments below (check all that apply):

- Traditional / Whole Life Policy
UL (Universal Life) Policy
Flexible / Adjustable UL Policy
Term Life Policy
Variable Life Policy
Indexed Life Policy
Combination Life / Health
Fixed Annuity
Variable Annuity
Pension Funding Annuity
Pension Funding Life Policy
Indexed Annuity
Modified / Graded Life Policy
Credit Life / Disability
Pre-Paid Funeral Policy
Accelerated Death Benefit
Application
Disability Income Rider
Annuity Rider (explain)
Life Rider (explain)
Other (explain)

MANDATORY - Filing Fee Information

- 1. State of Domicile:
2. A: Filing fee for the Company's State of Domicile:
B: Amount of filing fee being sent for this filing:
3. Is this Fee based on state of domicile's retaliatory fee? Yes No
4. Explain how each part of the Fee was determined, show all calculations (use a separate sheet if necessary):

5. Fee calculated by: (Print Name) Signature

Please answer every question in detail on this form. Failure to complete this form will result in the filing being declined. You are also required to include two (2) copies of your transmittal letter and two (2) SASE's.