

**MISSISSIPPI STATE SPECIFIC REQUIRMENTS –
INSTRUCTION SHEET FOR LIFE, ACCIDENT AND HEALTH, ANNUITY, CREDIT
TRANSMITTAL DOCUMENT**

Form must be typed.

Include the Company's Mississippi Privilege License number as the State Tracking ID.

For Type of Insurance – Life

Accident and Health

Medicare Supplement

Long Term Care

HMO

For the Product Coding, use the appropriate numeric code listed in the column TOI of the NAIC Uniform Life, Accident & Health Annuity and Credit Coding Matrix. If filing is a paper submission, include two (2) copies of the Transmittal Document and a self-addressed stamped envelope.

Mississippi Filing Fee Form.pdf is required. Completed Form and remittance enclosed with paper filings. If a SERFF filing, include copy of Form with the electronic filing, and a copy of the Form should be forwarded with remittance to the Mississippi Insurance Department, Actuarial Division, P. O. Box 79, Jackson, MS 39205-0079.

When filing a rate increase for any type Accident and Health policies, note the information and Rate Increase Information form which must be included. Refer to MSRATE.pdf and RII 7/02.pdf.

Certification is required.