

WYOMING UNIFORM FILING PROCEDURE
FOR
ALL REGULATED INSURANCE COVERAGE

All filings must be accompanied by a letter of transmittal in duplicate and a self-addressed, postage-paid envelope. The transmittal letter and filing must contain the following:

1. The company's name, address, NAIC number, and company phone number.
2. The transmittal letter and material filed (forms, rates or rules) must be furnished in duplicate so that one copy can be returned to the company as an acknowledgment of the same. If a filing is being made for more than one company within a group, sufficient copies should be furnished so that the Wyoming Insurance Department will have a file copy for each company.
3. A "SUBJECT" line or caption briefly describing the context of the material being filed.
4. A separate and complete itemized listing of each and every policy form and endorsement, including form number.
5. For life and health insurance, a detailed discussion of the basis upon which the filing is supported. Any filings which propose rates, or which alter current rates must be supported by an accompanying actuarial memorandum. Underlying justification must be provided for any mortality assumptions, lapsed rates, expense loading or policy fees. An exhibit displaying a pro forma relationship between premium benefits for the expected term of the policy must be included.
6. Filings brought about by statute, rule, or regulation shall contain specific citations to said statute, rule, or regulation. Should said statute, rule, or regulation be that of any other governmental entity other than Wyoming, copies of same shall be enclosed.
7. A proposed effective date which provides a minimum of 45 days from the date of receipt by the Wyoming Insurance Department.
8. If the subject matter of a form has also been filed by and approved for any parent, subsidiary, or affiliate of the filer, any difference between those filings and the proposed filing should be disclosed in the cover letter, together with the reasons for the difference.
9. A certification stating the following information:

Name of individual responsible for the preparation of this filing and supporting documentation.

NAME _____

TITLE _____

I hereby certify to the best of my knowledge and belief as to the accuracy and completeness of this filing; further, I certify that this filing conforms to the Wyoming Insurance Code, the Wyoming Insurance Regulations, and any Orders of the Commissioner of Insurance and any statements of policy, and that a similar filing has not been previously disapproved by the Commissioner of Insurance.

CERTIFIED BY _____

TITLE _____

DATE _____

Any filing which does not comply with these requirements shall be deemed incomplete, without sufficient information with which to support said filing, and, therefore will be disapproved until such information is furnished.