

**STATE OF RHODE ISLAND  
DEPARTMENT OF BUSINESS REGULATION  
INSURANCE DIVISION**

**FILINGS OF PREVIOUSLY APPROVED LIFE OR HEALTH POLICY FORMS**

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When an insurance company changes its name or address, changes officers, or transfers a block of business, the following procedure should be followed for Life or Health policy forms:

✍ **Use this procedure when your company submits forms for approval due to --**

- ? A change in the COMPANY NAME OR ADDRESS, *including cases in which a block of business has been sold or transferred to an affiliate, or*
- ? A change in OFFICERS' NAMES AND SIGNATURES.

**Instead of the usual complete filing and transmittal letter, submit:**

1. A letter that states the REASON FOR THE FILING, the NAME AND ADDRESS and NAIC NUMBER of the company *that appears on the **previously approved** forms*, the NAME AND ADDRESS and NAIC NUMBER of the company *that will be issuing the **new** forms* and a list of all forms for which approval is requested, giving the form number, the brief description and the date of approval in RI of each form.
2. A statement that the forms have been reviewed and that they comply with all applicable RI laws and regulations now in effect, signed by a company representative authorized to prepare form filings.
3. *One complete sample of **one** of the forms on the list, prepared in a proper manner for filing as if it were a new form that had not been approved in RI.*

**The department, after examining the letter, may require filing of one or more of the listed forms.**