

SERFF Tracking Number:	FDMC-125668126	State:	Arkansas
Filing Company:	Fidelity Investments Life Insurance Co.	State Tracking Number:	39181
Company Tracking Number:	VUL-2003-AR		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	Variable Universal Life Insurance		
Project Name/Number:	VUL-2003-AR/VUL-2003-AR		

Filing at a Glance

Company: Fidelity Investments Life Insurance Co.

Product Name: Variable Universal Life Insurance
 SERFF Tr Num: FDMC-125668126 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 39181

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num: VUL-2003-AR

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Denise Gosselin

Disposition Date: 06/05/2008

Date Submitted: 06/02/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: VUL-2003-AR

Status of Filing in Domicile: Pending

Project Number: VUL-2003-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/05/2008

State Status Changed: 06/05/2008

Deemer Date:

Corresponding Filing Tracking Number: VUL-2003-AR REV 1/09

Filing Description:

The above filing is being submitted on behalf of Fidelity Investments Life Insurance Company. The enclosed Table of Cash Value Accumulation Test Factors and the Table of Guaranteed Maximum Cost of Insurance Rates will replace existing tables for form number VUL-2003-GEN . The new rate tables will be based on the 2001 CSO Mortality Table and will be effective on January 1, 2009 or after we have received a sufficient number of approvals from a number of states.

SERFF Tracking Number: FDMC-125668126 State: Arkansas
 Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
 Company Tracking Number: VUL-2003-AR
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: Variable Universal Life Insurance
 Project Name/Number: VUL-2003-AR/VUL-2003-AR

Company and Contact

Filing Contact Information

Denise Gosselin, Senior Legal Product Manager
 82 Devonshire Street
 Boston, MA 02109
 denise.gosselin@fmr.com
 (617) 563-8561 [Phone]
 (617) 385-2476[FAX]

Filing Company Information

Fidelity Investments Life Insurance Co.
 82 Devonshire St.
 Boston, MA 02109
 (617) 563-8561 ext. [Phone]
 CoCode: 93696
 Group Code:
 Group Name:
 FEIN Number: 23-2164784
 State of Domicile: Utah
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Schedule Pages associated with 1 policy form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Investments Life Insurance Co.	\$50.00	06/02/2008	20618647

SERFF Tracking Number: FDMC-125668126 State: Arkansas
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Product Name: Variable Universal Life Insurance
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/05/2008	06/05/2008

SERFF Tracking Number: FDMC-125668126 *State:* Arkansas
Filing Company: Fidelity Investments Life Insurance Co. *State Tracking Number:* 39181
Company Tracking Number: VUL-2003-AR
TOI: L061 Individual Life - Variable *Sub-TOI:* L061.002 Single Life - Flexible Premium
Product Name: Variable Universal Life Insurance
Project Name/Number: VUL-2003-AR/VUL-2003-AR

Disposition

Disposition Date: 06/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDMC-125668126 State: Arkansas
 Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
 Company Tracking Number: VUL-2003-AR
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: Variable Universal Life Insurance
 Project Name/Number: VUL-2003-AR/VUL-2003-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Marked Version of Tables		Yes
Supporting Document	Arkansas Fee Form		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Transmittal		Yes
Form	Table of Guaranteed Maximum Cost of Insurance Rates		Yes
Form	Table of Cash Accumulation Test Factors		Yes

SERFF Tracking Number: FDMC-125668126 State: Arkansas
 Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
 Company Tracking Number: VUL-2003-AR
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: Variable Universal Life Insurance
 Project Name/Number: VUL-2003-AR/VUL-2003-AR

Form Schedule

Lead Form Number: VUL-2003-GEN REV 1/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VUL-2003-AR REV 1-09	Schedule Pages	Table of Guaranteed Maximum Cost of Insurance Rates	Revised	Replaced Form #: VUL-2003-AR Previous Filing #:	40	VUL-2003--GEN COI RATES _Clean_.pdf
	VUL-2003-AR REV 1/09	Schedule Pages	Table of Cash Accumulation Test Factors	Revised	Replaced Form #: VUL-2003-AR Previous Filing #:	40	VUL-2003-GEN CVAT _Clean_.pdf

Table of Guaranteed Maximum Cost of Insurance Rates

Monthly Rates Per \$1,000.00 of the Net Amount at Risk

Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate
[55]	[0.18]	[70]	[2.03]	[85]	[10.04]
[56]	[0.18]	[71]	[2.23]	[86]	[11.19]
[57]	[0.18]	[72]	[2.50]	[87]	[12.47]
[58]	[0.18]	[73]	[2.78]	[88]	[13.85]
[59]	[0.18]	[74]	[3.07]	[89]	[15.33]
[60]	[0.18]	[75]	[3.40]	[90]	[16.91]
[61]	[0.18]	[76]	[3.75]	[91]	[18.42]
[62]	[0.18]	[77]	[4.17]	[92]	[20.02]
[63]	[0.18]	[78]	[4.65]	[93]	[21.73]
[64]	[0.18]	[79]	[5.22]	[94]	[23.59]
[65]	[1.30]	[80]	[5.84]	[95]	[25.57]
[66]	[1.43]	[81]	[6.55]	[96]	[27.43]
[67]	[1.56]	[82]	[7.30]	[97]	[29.46]
[68]	[1.70]	[83]	[8.11]	[98]	[31.67]
[69]	[1.85]	[84]	[9.02]	[99]	[34.10]

Basis of Values: Guaranteed maximum cost of insurance rates are based on 2001 CSO Mortality Table--Age Nearest Birthday, with distinction for the Insured's gender (except where unisex rates are required) and smoking status.

Table of Cash Value Accumulation Test Factors

This Policy will be tested for federal income tax purposes using the Cash Value Accumulation Test.

The Death Benefit will not be less than: (a) 1,000 times the Policy Account Value, divided by (b) the Net Single Premium Factor per \$1,000 of Death Benefit.

Insured's Attained Age	Net Single Premium Factor	Insured's Attained Age	Net Single Premium Factor	Insured's Attained Age	Net Single Premium Factor
[55]	[365.62]	[70]	[599.25]	[85]	[803.18]
[56]	[379.00]	[71]	[613.92]	[86]	[814.10]
[57]	[392.95]	[72]	[628.65]	[87]	[824.49]
[58]	[407.48]	[73]	[643.25]	[88]	[834.32]
[59]	[422.63]	[74]	[657.74]	[89]	[843.59]
[60]	[438.41]	[75]	[672.16]	[90]	[852.35]
[61]	[454.86]	[76]	[686.50]	[91]	[860.65]
[62]	[472.00]	[77]	[700.75]	[92]	[868.86]
[63]	[489.86]	[78]	[714.84]	[93]	[877.15]
[64]	[508.47]	[79]	[728.66]	[94]	[885.76]
[65]	[527.86]	[80]	[742.11]	[95]	[895.05]
[66]	[541.89]	[81]	[755.18]	[96]	[905.64]
[67]	[556.02]	[82]	[767.77]	[97]	[918.82]
[68]	[570.28]	[83]	[779.97]	[98]	[936.40]
[69]	[584.68]	[84]	[791.78]	[99]	[961.54]

<i>SERFF Tracking Number:</i>	<i>FDMC-125668126</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Investments Life Insurance Co.</i>	<i>State Tracking Number:</i>	<i>39181</i>
<i>Company Tracking Number:</i>	<i>VUL-2003-AR</i>		
<i>TOI:</i>	<i>L061 Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L061.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Variable Universal Life Insurance</i>		
<i>Project Name/Number:</i>	<i>VUL-2003-AR/VUL-2003-AR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDMC-125668126 State: Arkansas
Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
Company Tracking Number: VUL-2003-AR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Variable Universal Life Insurance
Project Name/Number: VUL-2003-AR/VUL-2003-AR

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 05/28/2008
Comments:
Attachment:
GEN001P1.PDF

Review Status:
Bypassed -Name: Application 05/28/2008
Bypass Reason: Schedule pages are being revised.
Comments:

Review Status:
Satisfied -Name: Life & Annuity - Acturial Memo 05/28/2008
Comments:
Attachment:
VUL-2003-GEN ACTUARIAL MEMO.pdf

Review Status:
Satisfied -Name: Marked Version of Tables 06/02/2008
Comments:
Attachments:
VUL-2003-GEN COI RATES _Marked_.pdf
VUL-2003-GEN CVAT _Marked_.pdf

Review Status:
Satisfied -Name: Arkansas Fee Form 06/02/2008
Comments:
Fee Form Attached
Attachment:
ARFEE.PDF

Review Status:

SERFF Tracking Number: FDMC-125668126 State: Arkansas
Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
Company Tracking Number: VUL-2003-AR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Variable Universal Life Insurance
Project Name/Number: VUL-2003-AR/VUL-2003-AR

Satisfied -Name: Cover Letter 06/02/2008

Comments:

Attachment:

Sub_Ltr2.pdf

SERFF Tracking Number: FDMC-125668126 State: Arkansas
Filing Company: Fidelity Investments Life Insurance Co. State Tracking Number: 39181
Company Tracking Number: VUL-2003-AR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Variable Universal Life Insurance
Project Name/Number: VUL-2003-AR/VUL-2003-AR

Review Status:

Satisfied -Name: NAIC Transmittal

06/02/2008

Comments:

Attachment:

industry_rates_LHtransDoc_interactive.pdf

CERTIFICATION OF READABILITY

State of

Form Number

Flesch Readability Score

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of

_____.

Company

Brian N. Leary

Signature

Name

Title

June 2, 2003

Date

Fidelity Investments Life Insurance Company

Actuarial Memorandum
Flexible Premium Variable Universal Life Insurance Policy
Policy Form VUL-2003-GEN et. al.

February, 2008

I. Policy Adjustments for Implementation of the 2001 CSO Mortality Table

The following changes will be made to accommodate the product adoption of the 2001 Commissioners' Standard Ordinary Mortality Table.

A. Cost of Insurance Rates

The guaranteed maximum insurance rates applied in the calculation of the Policy Account Value for insured's with a standard rating will be based upon the 2001 Commissioners Standard Ordinary, Age Nearest Birthday, Smoker or Nonsmoker Mortality Tables as applicable. Insurance rates lower than the guaranteed maximums may be applied, which will produce higher Policy Account Values than those produced by the guaranteed rates.

B. Reserves

The CRVM reserves will be based upon the 2001 Commissioners Standard Ordinary, Age Nearest Birthday, Smoker or Nonsmoker mortality tables, as applicable, with the 20-year select factors and valuation interest rate. In no event will these reserves be less than the Policy Account Value of the policy. Consideration is also made in the reserves for the No-Lapse Guarantee in accordance with Actuarial Guideline XXXVII.



Kenneth A Brisbois, ASA, MAAA
Director of Insurance Modeling
February 15th, 2008

Table of Guaranteed Maximum Cost of Insurance Rates

Monthly Rates Per \$1,000.00 of the Net Amount at Risk

Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate	Insured's Attained Age	Monthly Rate
[55]	[0.18]	[70]	[2.932.03]	[85]	[13.3710.04]
[56]	[0.18]	[71]	[3.302.23]	[86]	[14.7011.19]
[57]	[0.18]	[72]	[3.622.50]	[87]	[16.0812.47]
[58]	[0.18]	[73]	[4.042.78]	[88]	[17.5013.85]
[59]	[0.18]	[74]	[4.523.07]	[89]	[18.9715.33]
[60]	[0.18]	[75]	[5.043.40]	[90]	[20.5416.91]
[61]	[0.18]	[76]	[5.593.75]	[91]	[22.1718.42]
[62]	[0.18]	[77]	[6.184.17]	[92]	[23.9920.02]
[63]	[0.18]	[78]	[6.794.65]	[93]	[26.0721.73]
[64]	[0.18]	[79]	[7.445.22]	[94]	[28.7823.59]
[65]	[4.781.30]	[80]	[8.165.84]	[95]	[32.8225.57]
[66]	[4.971.43]	[81]	[8.976.55]	[96]	[39.6427.43]
[67]	[2.181.56]	[82]	[9.907.30]	[97]	[53.0729.46]
[68]	[2.441.70]	[83]	[10.958.11]	[98]	[83.3331.67]
[69]	[2.651.85]	[84]	[12.129.02]	[99]	[83.3334.10]

Basis of Values: Guaranteed maximum cost of insurance rates are based on ~~1980-2001~~ CSO Mortality Table--Age Nearest Birthday, with distinction for the Insured's gender (except where unisex rates are required) and smoking status.

Table of Cash Value Accumulation Test Factors

This Policy will be tested for federal income tax purposes using the Cash Value Accumulation Test.

The Death Benefit will not be less than: (a) 1,000 times the Policy Account Value, divided by (b) the Net Single Premium Factor per \$1,000 of Death Benefit.

Insured's Attained Age	Net Single Premium Factor	Insured's Attained Age	Net Single Premium Factor	Insured's Attained Age	Net Single Premium Factor
[55]	[<u>397.56365.62</u>]	[70]	[<u>647.83599.25</u>]	[85]	[<u>828.55803.18</u>]
[56]	[<u>412.29379.00</u>]	[71]	[<u>662.04613.92</u>]	[86]	[<u>837.44814.10</u>]
[57]	[<u>427.64392.95</u>]	[72]	[<u>675.92628.65</u>]	[87]	[<u>845.84824.49</u>]
[58]	[<u>443.63407.48</u>]	[73]	[<u>689.75643.25</u>]	[88]	[<u>853.83834.32</u>]
[59]	[<u>460.30422.63</u>]	[74]	[<u>703.26657.74</u>]	[89]	[<u>861.56843.59</u>]
[60]	[<u>477.67438.41</u>]	[75]	[<u>716.38672.16</u>]	[90]	[<u>869.16852.35</u>]
[61]	[<u>495.77454.86</u>]	[76]	[<u>729.14686.50</u>]	[91]	[<u>876.80860.65</u>]
[62]	[<u>514.63472.00</u>]	[77]	[<u>741.45700.75</u>]	[92]	[<u>884.68868.86</u>]
[63]	[<u>534.28489.86</u>]	[78]	[<u>753.45714.84</u>]	[93]	[<u>893.03877.15</u>]
[64]	[<u>554.76508.47</u>]	[79]	[<u>766.16728.66</u>]	[94]	[<u>902.18885.76</u>]
[65]	[<u>576.11527.86</u>]	[80]	[<u>776.62742.11</u>]	[95]	[<u>912.36895.05</u>]
[66]	[<u>590.50541.89</u>]	[81]	[<u>787.80755.18</u>]	[96]	[<u>923.66905.64</u>]
[67]	[<u>604.87556.02</u>]	[82]	[<u>798.68767.77</u>]	[97]	[<u>935.99918.82</u>]
[68]	[<u>619.22570.28</u>]	[83]	[<u>809.15779.97</u>]	[98]	[<u>948.89936.40</u>]
[69]	[<u>633.54584.68</u>]	[84]	[<u>819.12791.78</u>]	[99]	[<u>961.54961.54</u>]



Arkansas Insurance Department

1200 West Third Street
Little Rock, AR 72201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

Mike Pickens
Commissioner

Divisions

Administration
1-501-371-2620
1-501-371-2629 Fax

Accounting
1-501-371-2605

Consumer Services
1-501-371-2640
1-800-852-5494

Data Processing
1-501-371-2657

Finance
1-501-371-2665

Human Resources
1-501-371-2815

Legal
1-501-371-2820

License
1-501-371-2750

Life & Health
1-501-371-2800

Property & Casualty
1-501-371-2800

Risk Management
1-501-371-2690

Senior Insurance
Network
1-501-371-2782
1-800-852-5494

Workers'
Compensation
Fraud Investigation
Unit
1-501-371-2790
1-501-371-2799 Fax

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: _____

Company NAIC Code: _____

Company Contact Person & Telephone #: _____

* INSURANCE DEPARTMENT USE ONLY *
* *
* ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing * _____ x \$50 = _____
and review, per each policy, contract,
annuity form, per each insurer, per each ** Retaliatory _____
filing.

Life and/or Disability - Filing and review * _____ x \$50 = _____
of each rate filing or loss ratio
guarantee filing, per each insurer. ** Retaliatory _____

Life and/or Disability Policy, Contract * _____ x \$20 = _____
or Annuity Forms: Filing and review of
each certificate, rider, endorsement or ** Retaliatory _____
application if each is filed separately
from the basic form.

Life and/or Disability: Filing and review * _____ x \$25 = _____
of Insurer's advertisements, per
advertisement, per each insurer. ** Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x \$400 = _____

Filing to amend Certificate of Authority. *** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN. §23-61-401.



June 2, 2008

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Fidelity Investments Life Insurance Company
NAIC # 93696-981 FEIN # 23-2164784
Variable Universal Life Form Number(s): VUL-2003-AR REV 1/09

Dear Commissioner/Director:

Enclosed for your review and approval are revised schedule page form nos. **VUL-2003-AR REV 1/09**. These forms are revisions to previously filed and approved forms. **These forms will be used by Fidelity Investments Life Insurance Company "FILI"; a Utah domiciled insurance company.**

The enclosed schedule pages will replace existing schedule pages for form number VUL-2003-AR and will be used with policy form number VUL-2003-AR which was approved by your Department on February 3, 2006. We are revising the schedule pages based on the mortality rates associated with the 2001 CSO Table. We have included marked and clean schedule pages for your review. These forms will become effective January 1, 2009 or after we have received a sufficient number of approvals from a number of states.

The following required state compliance forms are included:

<u>State Form Number</u>	<u>State Form Name</u>
-----	Fee Schedule for Admitted Insurers

A check for \$60.00 is enclosed to cover all filing fees. If you have any questions or comments, please call me at (617) 563-8561.

We thank you in advance for your immediate attention.

Sincerely,

Denise Gosselin
Senior Legal Product Manager
denise.gosselin@fmr.com

Enclosures

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain) : _____
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6a.	Company Tracking Number	VUL-2003-AR REV 1/09	6b.	SERFF Tracking Number
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
12			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	