

**EXPEDITED FILING—SECTION 305 APPLICATION  
Form Filing Transmittal Document**

Ed. 4/13/01

This page applies to the following state(s) \_\_\_\_\_

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
ABC Insurance Company	NY	0000-99999	99-1234567

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Employment Practices
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type</b> ** see note below	Form (Application)
<b>This application is used with:</b>	(Insert policy form number to which the application attaches)
<b>Effective Date Requested</b>	10-01-01 (Enter your desired effective date)
<b>Filing date</b>	(Date Company sends filing)
<b>Company Tracking Number</b>	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
<b>Date filing approved in domiciliary state</b>	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name /Description/Synopsis</u>	<b>Form #) Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous State Filing Number, if required by state</b>
01	Application for Individual Term Life Insurance	TLA 01234 (Ed. 03/01)	[x ] Replacement [ ] Withdrawn [ ] Neither	TLA 01234 (10/99)	
02			[ ] Replacement [ ] Withdrawn [ ] Neither		

To be complete, a form filing must include the following:

5. A completed Form Filing Transmittal Header for each insurer
6. One copy of each application form to be reviewed for the reviewer's records for each insurer.
7. The appropriate filing fees, if required
8. A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that the only change made from any previously filed and, if applicable, approved application form is the addition of the disclosure notices required by Section 305 of the Gramm-Leach-Bliley Act

\_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If this filing is for multiple companies, please provide a copy of the transmittal header for each company and an extra copy for return to the company. (i.e. 7 companies = 8 copies)**