State of Delaware
Life & Health Filing Fee Form

Department Use Only

Tracking #: _____

Company Name on Check _____

Group Name _____

Check/EFT Amount _____

Total # of Forms (Please itemize forms below) _____

Check # or EFT Transaction # _____

Company Filing Number _____

Date of Check or EFT Transaction _____

SERFF Tracking Number (If Applicable) _____

Date Check Mailed _____

Typ e of Filing Life ☐ Health ☐

Effective Date of Filing _____

Check Appropriate Block(s) Rates ☐ Advertisements ☐ Forms ☐

Check Appropriate Block(s) Credit Life ☐ Credit A&H ☐ Group Life ☐ Group A&H ☐ Group Annuity ☐ Individual A&H ☐ Other Life ☐ Other A&H ☐ Other Annuity ☐

Filing Fees are: $50 per Form, per Rate, per Company, per Filing. Advertisements are $50 per Filing per Company.

NAIC #	Company Name	Form Number	Description	Fee Total

Grand Total

Print Form

Reset Form

Mail to:
Delaware Insurance Department
Rates and Forms
841 Silver Lake Blvd.
Dover, DE 19904

You may attach additional filing fee forms as needed