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**INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION OPERATING
 PROCEDURE FOR THE FILING AND APPROVAL OF PRODUCT FILINGS
 CHECKLIST**

Effective Date: April 14, 2011

§ 107. Filing Requirements for Change of Corporate Name

- (a) A change in the corporate name of an Insurer that affects one or more previously-approved Product Filings must be approved in accordance with the applicable requirements of the Product Filer's domiciliary state and in accordance with each Compacting State in which the Product Filer is licensed to do business.
- (b) When an Insurer has a change in its corporate name that is identified in one or more previously-approved Product Filings, the Product Filer shall file a name change rider, endorsement or amendment (referred to as a "Name Change Form") and a submission letter with the Commission for those Compacting States where such change is approved or authorized.
- (c) The Name Change Form shall contain the previously authorized company name, the newly authorized company name and the current home office mailing address and telephone number.
- (d) The submission letter shall include the following:

Yes No

		1. A list of the Product Components which were approved by the Commission under the previous company name, which the Product Filer intends to use under the new company name and attach the Name Change Form thereto (including SERFF Tracking Numbers).

Drafting Note: The Name Change Form and submission letter is not available to effect a name change in a state-approved form, or for a state-approved form to effect a name change in a Commission-approved form.

Yes No

		2. For the Insurer's state of domicile and each Compacting State affected by the name change, provide the a list of the states that have approved the new company name and for each state list: the effective date of the name change, the date approval was granted and any action taken by the state other than approving the new company name.

Drafting Note: A Name Change Form and submission letter may be filed with the Commission when the Insurer has received approval from its state of domicile and at least one compacting state, but not necessarily all applicable compacting states, have approved the new company name. The Product Filing with the Name Change Form and submission letter may be re-opened to add new states as approvals are granted.

Yes No

		3. Include the effective date of the change
		<p>4. A certification signed by an officer of the company certifying that no later than thirty days after the effective date of the name change in a state, the Product Filer will:</p> <p>(A) With regard to in-force business, send the Name Change Form endorsement to all in-force policyholders who have been issued forms identified in (d)(1) above, and</p> <p>(B) With regard to new business, only issue the forms identified in (d)(1) above with the approved or authorized company name.</p>
		7. The company will be required to submit a filing fee to the Insurance Compact plus all applicable state filing fees.
		<p>8. The filing will receive a disposition of “approved” and the disposition will contain the following language:</p> <p><i>This approval is granted in accordance with applicable IIPRC Rules and Uniform Standards pertaining to the policy forms referenced in this filing and is limited to such forms. It does not replace any required approvals and/or filings to be made by individual States for a ‘change of name’.</i></p>

The Reviewer Checklist is intended for the sole purpose of assisting a company product filer ("User") in understanding the requirements of the applicable Uniform Standard(s) for IIPRC product filings. Users are hereby notified not to rely solely upon the Reviewer Checklist in preparing a product filing or in complying with the IIPRC Uniform Standards, Rules and Operating Procedures. The User also acknowledges there is a possibility of human, mechanical or technical error in the development, presentation or use of the Reviewer Checklist. The Interstate Insurance Product Regulation Commission (Commission) accepts no liability for any loss, cost or damage caused by use of this tool, including without limitation, direct or indirect, incidental, special, consequential or exemplary or punitive damages arising out of the use or inability to use the Reviewer Checklist. There are no warranties either express or implied and User specifically acknowledges the Commission does not warrant the truth, accuracy or completeness of the Reviewer Checklist.