

C1369 880/214 \$1,500.00  
C1364 880/554 \$ 515.00



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576**  
500 James Robertson Parkway, 4<sup>th</sup> Floor  
Nashville, Tennessee 37243  
(615) 741-1670

**Limited Capital Reinsurers**  
**(To Be Filed On or Before April 1)**

Calendar Year: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
NAIC Cocode: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

According to Tenn. Code Ann. § 56-4-106, a credit life and health reinsurer is required to pay a nonrefundable regulatory fee of one thousand-five hundred dollars (\$1,500). Also, an annual statement filing fee of five hundred-fifteen dollars (\$515) is required according to Tenn. Code Ann. § 56-4-101.

Please send this payment of two thousand-fifteen dollars (\$2,015) along with a cover letter or a copy of this letter. **Please mail this payment separate from the annual statement filing.** The address is as follows:

State of Tennessee  
Department of Commerce and Insurance  
Division of Insurance  
P.O. Box 198983  
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the payment is mailed via an overnight courier, the following address should be used:

State of Tennessee  
Department of Commerce and Insurance  
Attention: Premium Tax Section  
Financial Affairs Section  
500 James Robertson Parkway, 4th Floor  
Nashville, TN 37243

Premium Tax Forms Website: <http://www.state.tn.us/commerce/insurance/premiumtax.shtml>

Should you have any questions concerning the above, please contact the Premium Tax Section at (615) 741-1670.