MISSISSIPPI INSURANCE DEPARTMENT REGULATORY BULLETIN 97-3
PROPERTY AND CASUALTY RATING DIVISION
RATE/RULE FILING FEE AND FORMAT CHANGES

Effective August 1, 1997, the following changes will be made with regard to the filing fees for policy forms as well as rate and rule changes as provided under Section 83-2-35(2) MCA:

- Each combination of rate/rule change(s) will require a $15.00 fee per company and should be separate from the policy form filing. There is no form required for rate and/or rule changes. Do not list rate and rule changes on policy form filing fee list. A letter of explanation should accompany these filings. This procedure remains the same as in the past.* Please submit a complete copy of for all companies plus one additional copy for return.

- Each policy form submission will require a $15.00 fee per form. If you have a change affecting more than one company in a group, there must be a $15.00 fee per form per company. * Please submit copy of cover letter for each company and only two sets of the forms, one for our records and one for return.

Below is the format style of the filing form you should use when submitting your policy forms for Department approval. Please enter this format into your computer and type in the appropriate information under each column. You should have a total amount of the fees at the end of your filing form which includes the check number. Also, note that a company official must sign the form certifying the fees are correct.

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MISSISSIPPI POLICY FORM FILING FEE LIST

<table>
<thead>
<tr>
<th>FORM TITLE</th>
<th>FORM NUMBER</th>
<th>DESCRIPTION OF FORM</th>
<th>FILING FEE</th>
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</thead>
<tbody>
<tr>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXXXXXXX</td>
<td>$15.00</td>
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<tr>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXXXXXXX</td>
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</tbody>
</table>

TOTAL OF FEES PER FILING $______________________

I hereby certify that the filing fees submitted this date are correct based on the number of forms which must be reviewed.

________________________________________  
Signature of Company Official

________________________________________  
Type Name of Official and Telephone Number

Contact Person: Denise Boyd (601) 359-3575

GEORGE DALE, COMMISSIONER OF INSURANCE

*REMINDER: PLEASE SUBMIT A SELF-ADDRESSED STAMPED ENVELOPE LARGE ENOUGH TO ACCOMODATE YOUR RETURN COPY OF THE FILING.