



PENNSYLVANIA RETALIATORY FILING FEE FORM

**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**
Office of Insurance Product Regulation
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Harrisburg, PA 17120
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PLEASE TYPE OR PRINT
COMPLETE ALL NECESSARY INFORMATION

CHECK INFORMATION

COMPANY NAME ON CHECK _____ CHECK # _____

COMPANY NAIC # _____ CHECK AMOUNT _____

DATE CHECK MAILED _____ CHECK DATE _____

FILING INFORMATION

COMPANY FILING # _____ FILER PHONE # _____

SERFF TRACKING # _____

CREATOR OF SERFF FILING _____

DATE SERFF FILING SUBMITTED _____

TYPE OF FILING:

- A&H LIFE
 P&C