



**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 September 1)**

Calendar Year: \_\_\_\_\_

Company Name: \_\_\_\_\_

NAIC Cocode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_

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).

Please send this payment of one thousand-five hundred dollars (\$1,500) along with a cover letter or a copy of this letter. 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.