

Government of the District of Columbia
Department of Insurance, Securities and Banking



Thomas E. Hampton
Commissioner

Bulletin 07-IB-002-9/11

TO: All Insurers, Health Maintenance Organizations
and Third Party Filers

FROM: Thomas Hampton, Commissioner

A handwritten signature in black ink, appearing to read 'Thomas Hampton', is written over the 'FROM:' line and extends into the 'SUBJECT:' line.

SUBJECT: SERFF Mandated, effective October 1, 2007

DATE: September 11, 2007

The District of Columbia Department of Insurance, Securities and Banking will require all insurance products forms and rate/rule filings to be transmitted via SERFF.

This requirement will enhance speed-to-market, cost effectiveness, efficiency and computerized organizational record keeping.

SERFF v5 has made implementation procedures faster and easier. The cost is inexpensive and there are only three requirements:

1. Internet Explorer
2. Transaction Fee (range \$6.00-\$15.00)
3. Adobe Acrobat (professional version recommended) to convert Word or Excel documents to PDF. Not all users need Adobe Acrobat, but again it is needed to convert documents to PDF, which most states require because of the security of a PDF. Adobe Acrobat reader is free. [Download PDF Reader](#)

There is no license fee for SERFF. Terms and agreements must be accepted for all users by a company officer. A Data Host is an optional business requirement.

A temporary exemption may be considered and filed with The Commissioner of Insurance, Securities and Banking for approval. An application for exemption (see end of this document) must be completed with request documentation.

Send request to: District of Columbia Department of Insurance, Securities and Banking, SERFF Exemption, Insurance Products Forms and Analysis Branch
810 First Street NE , Suite 701 Washington, DC 20002.

CONTACT:

Insurance Examiner Manager Jamaï Fontaine, 202-442-7782, jamai.fontaine@dc.gov
Supervisory Actuary Robert Nkojo, 202-442-7757, robert.nkojo@dc.gov.

You should also contact The NAIC SERFF Marketing Team for any assistance you may require at serffmktg@naic.org

Form STE-1

APPLICATION FOR TEMPORARY EXTENSION

Type of Exemption:

You are requesting (Check One)

- ☐ Temporary Extension for filing SERFF (Forms)
- ☐ Temporary Extension for filing SERFF (Rate/Rule)
- ☐ Temporary Extension for filing SERFF (Forms/Rate/Rule)

Date of Request:

Name of Requestor and Title:

Reason for Request: Describe the nature of hardship and time frame requesting for extension

Attach documentation that justifies time period requested for extension

Name of all Insurers, Health Maintenance Organizations and Third Party Filers
Requesting Exemption:

NAIC Number: _____
Principal Officer: _____
Address: _____
Telephone Number: _____

I, the undersigned, have signed this form STE-1 on behalf of, and with the authority of, the company requesting a temporary extension. All required documentation will be forwarded with application and the company authorizes the Commissioner to collect information to process this request. The Commissioner will maintain the file and grant and approval or denial within 30 days of receipt of request.

Signature: _____

Date: _____