

UTAH INSURANCE DEPARTMENT

SURVEY AND CERTIFICATION OF ANNUITY FORMS

Insurer Name _____ NAIC # _____

Address _____

Check only one of the following:

___ **I HEREBY CERTIFY that I have reviewed all annuity forms.** I FIND AND CERTIFY THAT NO ANNUITY FORMS ARE AFFECTED BY THE CHANGE IN UTAH CODE ANNOTATED § 31A-22-409.

___ **I have reviewed all annuity forms.** I FIND THE FOLLOWING FORMS ARE AFFECTED BY THE CHANGE IN THE LAW.

Form #s and marketing names: _____

How is each product affected? _____

How many contracts have been issued or are pending on each form since May 6, 2002?
List the number of contracts by form number. _____

THIS COMPLETED DOCUMENT MUST BE RECEIVED IN OUR OFFICE
BY SEPTEMBER 12, 2002

Print Name _____ Title _____

Original Signature _____ Date _____