STEVEN T. FOSTER
COMMISSIONER OF INSURANCE

COMMONWEALTH OF VIRGINIA

Box 1157
RICHMOND, VA 23209
TELEPHONE: (804) 786-3741
TDD/VOICE: (804) 225-3806

STATE CORPORATION COMMISSION

BUREAU OF INSURANCE

December 11, 1992

Administrative Letter
1992-26

TO: All Insurers Licensed to Market Life Insurance and Annuities in Virginia

RE: Administrative Letter 1992-20
Modified Guaranteed Life Insurance and Modified Guaranteed Annuities

The purpose of this letter is to inform you that the withdrawal of forms on December 15, 1992 as provided in Administrative Letter 1992-20 will not take place. Companies with forms which have been filed or approved previously may continue to market those forms until January 15, 1993. Withdrawal of these forms will take place on January 15, 1993 unless an officer of the company completes and returns the attached affidavit by no later than January 15, 1993.

Companies that wish to file modified guaranteed life insurance and annuity contracts to be marketed in Virginia or companies having forms which have been disapproved that wish the forms to be reconsidered should send a completed affidavit, as attached, with the forms when they are submitted.

Upon receipt of this affidavit, the Bureau of Insurance will temporarily deem forms for companies filing properly completed affidavits to be in compliance with Sections 38.2-3113.1 and 38.2-1443.1 of the Code of Virginia. These forms will be subject to all other statutory and regulatory requirements that are applicable. This temporary deemer shall extend only until the effective date of a regulation addressing modified life insurance and annuities adopted by the State Corporation Commission. Upon the effective date of the regulation, companies must comply with the provisions of the regulation.

Sincerely yours,

Steven T. Foster
Commissioner of Insurance

STF/ds
Attachment

AFFIDAVIT

Name of Company: _____

NAIC Number: _____

RE: Form Number(s)

_____ _____ _____
_____ _____ _____
_____ _____ _____

I, as an officer of the above-referenced insurer, hereby certify, under penalty of perjury, that:

1. The above-referenced insurer has reviewed Sections 38.2-1443.1 and 38.2-3113.1 of the Code of Virginia, as amended;

2. In the case of a foreign or alien insurer, the form(s) identified above have been filed with and approved by the insurance regulatory authority of the above referenced insurer's state of domicile; and,

3. The forms identified above comply with the specific requirements of Section 38.2-3113.1, subsection F., of the Code of Virginia, as amended.

_____
Signature

_____
Date

_____
Name

_____
Title

Notarial Acknowledgment

State of _____

County or City of _____

_____, being duly sworn according to law, deposes and says that he/she executed the above instrument and that the statements contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____day of _____, 19_____.

_____
Notary Public

(S E A L)

My Commission Expires: _____