

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

**Name Change Endorsement
Review Requirements Checklist**
Effective September 20, 2023

SERFF Tracking Number _____ Date Checklist Completed _____
Filing Company Name _____ State of Domicile _____
Previous Company Name _____ Form Number _____
Date Checklist Completed _____ Checklist Completed by _____

Name Change Endorsements cannot be approved and therefore should not be submitted until after the Name Change transaction has been finalized by the Illinois Department of Insurance Financial Corporate Regulatory Section.

**A separate filing must be made for each type of insurance affected by the Name Change,
Any Requirement on this checklist that is not applicable must be marked (N/A) and must include an explanation.
Alteration of this document will result in rejection of the filing.**

The checklist must be completed to indicate where in the filing the General Filing requirements appear, must acknowledge each General Form Requirement and must indicate where, in the policy form, each required provision appears (e.g. page number and section number).

MINIMUM FILING REQUIREMENTS

**This section of the checklist must be completed to indicate the location of the requirement in the filing (e.g. "yes", "Comply")
Any Requirement that is Not Applicable (N/A) must include an explanation.**

Minimum Filing Requirement	Reference	Description of Minimum Filing Requirement	Location of Requirement in Filing
FILING FEE(S)	215 ILCS 5/408 (jj) 50 IL Adm. Code 916.40 (g)	Filing Fees are \$50 per form. Filing fees must be paid by Electronic Funds Transfer through SERFF upon submission of the SERFF Filing.	
FILING DESCRIPTION OR LETTER OF SUBMISSION	50 IL Adm. Code 1405.20 (e) 50 IL Adm. Code 2001.30 (a) (3) 50 IL Adm. Code 916.40 (b) (1)	The filing description or a letter of submission must provide the following: <ul style="list-style-type: none"> • A general description of the transaction and purpose of the form. • The complete names of the companies involved in the transaction. • The state of domicile for each company. • The date of domiciliary approval. • The number of Illinois contract holder affected by the transaction. 	
CERTIFICATE OF COMPLIANCE	50 IL Adm. Code 916.40 (a) 50 IL Adm. Code 916.50 (a)	Each company doing business in the State of Illinois shall submit with each filing a Certificate of Compliance, as described in Section 916.50 and Exhibit A. http://www.ilga.gov/commission/jcar/admincode/050/05000916ZZ9999aR.html	
FINANCIAL CORPORATE REGULATORY REQUIREMENTS	215 ILCS 5/29 215 ILCS 5/30 215 ILCS 5/115 215 ILCS 5/116	All Name Change transaction documentation required by statute must be submitted to the DOI Corporate Section and finalized prior to submitting the name change endorsement for review and approval.	

GENERAL FORM REQUIREMENTS

**This section of the checklist must be completed to indicate acknowledgement of the General Form Requirement (e.g. "yes", "Comply")
Any Requirement that is Not Applicable (N/A) must include an explanation.**

Form Requirement	Reference	Description of General Form Requirement	Acknowledge
FORM NUMBER	50 IL Adm. Code 1405.20 (b) 215 ILCS 5/143	Each form must have a unique suitable form number of numerical digits and/or numbers located in the lower left-hand corner of the form. The form number must adequately distinguish the form from all others used by the company. The form number MAY NOT contain a prefix or suffix of "ICC".	
VARIABLE LANGUAGE	50 IL Adm. Code 916.40 (b) (4) 215 ILCS 5/143	Variable language must be placed in brackets and the filing must include a statement of variability.	

BLANK SPACES AND VARIABLE LANGUAGE	50 IL Adm. Code 1405.20 (d) (2) 50 IL Adm. Code 916.40 (b) (2)	All blank spaces must be completed in “John Doe” fashion with all variable language bracketed (variable) and completed with a sample of language that may appear within the brackets.	
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REQUIRED PROVISIONS

**This section of the checklist must be completed to indicate the EXACT location of the required provision in the form (e.g. Page 5, Section 3)
Any Requirement that is Not Applicable (N/A) must include an explanation.**

Required Form Provision	Reference	Description of Required Provision	Page Number and Section in Form where Provision Appears
NAME AND ADDRESS REQUIRED	50 IL Adm. Code 1405.20 (c) (1), (2)	The insurer name and home office address must appear on the form.	
APPROPRIATE DESCRIPTIVE TITLE	215 ILCS 5/143 50 IL Adm. Code 1405.40 (v) (1)	The form must be titled Name Change Endorsement.	
EFFECTIVE DATE	50 IL Adm. Code 1405.20 (c) (4)	The form must indicate the issue date and the effective date if different.	
RIDER AND ENDORSEMENT REQUIREMENTS	50 IL Adm. Code 1405.40 (v) (1)	Riders and Endorsements that are forwarded to the policy owner for attachment to the policy shall include; <ul style="list-style-type: none"> • The name of company • Identity of policy and insured • Effective date of the rider of endorsement • Signature of at least one company official 	

IMPORTANT NOTICE

**This Checklist does not include all the requirements of Illinois laws, regulations or bulletins.
Companies are responsible for reviewing Illinois laws, regulations and bulletins to ensure that forms are fully compliant before filing the forms with the Department of Insurance.**

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Ed. 11/03/21