

AUTHORIZED REINSURERS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2010

(1) Check- list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS				
	1	Annual Statement (8 1/2" x 14")	1	3/1	NAIC	G, H(a), I, J, L(b)
	2	Quarterly Financial Statement (8 1/2" x 14")	1	5/15,8/15,11/15	NAIC	G, H(a), I, J, L(b)
		II. NAIC SUPPLEMENTS				
	3	Actuarial Certification	1	3/1	COMPANY	L(e)
		IV. STATE REQUIRED FILINGS				
	4	Certificate of Authority/Compliance from state of domicile	1	3/1	COMPANY	H(b)
	5	Certificate of Deposit from state of domicile	1	3/1	COMPANY	H(b)