

FAIR PLAN

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 ½"X14")	3	3/1	NAIC	G, H(a), I, L(a)(b)
	2	Quarterly Financial Statement (8 ½" x 14")	2	5/15,8/15,11/15	NAIC	G, H(a), I, L(a)(b)
		II. NAIC SUPPLEMENTS				
	3	Insurance Expense Exhibit	2	4/1	NAIC	K
	4	Management Discussion & Analysis	2	4/1	COMPANY/ NAIC	J, K
		III. AUDITED FINANCIAL STATEMENTS				
	5	Accountants Letter of Qualifications	2	6/1	COMPANY	K, L(d)
	6	Audited Financial Statements	2	6/1	COMPANY	J, K
	7	Report of Significant Deficiencies in Internal Controls	2	6/1	COMPANY	P
	8	Notification of Adverse Financial Condition	1	Within 10 days of CPA discovery	COMPANY	
		IV. STATE REQUIRED FILINGS				
	9	Filings Checklist with column 1 completed	xxx		STATE	
	10	Premium tax	1	3/1	STATE	O
	11	Updated Biographical Affidavits	1	3/1	COMPANY	Domestic Only