

FRATERNAL SOCIETIES

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

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	G, H(a), I, L(a)(b)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, L(a)(b)
	3	Separate Accounts Annual Statement (8 1/2"x 14")	2	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	4	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K, L(a)(b)
	5	Actuarial Certification Related Annuity Nonforfeiture Compliance	3	EO	xxx	3/1	Company	K
	6	Actuarial Opinion on X-Factors	3	EO	xxx	3/1	Company	K
	7	Actuarial Opinion on Separate Accounts Funding	3	EO	xxx	3/1	Company	K
	8	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	3	EO	xxx	3/1	Company	K
	9	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	K
	10	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	11	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	K
	12	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, K, L(a)(b)
	13	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	K
	14	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	15	Reasonableness of Assumptions Certification	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	K
	16	Reasonableness & Consistency of Assumptions Cert.	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	K
	17	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	K
	18	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	K
	19	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	K
	20	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	G, I, L(a)(b)
	21	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	K
	22	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	K
	23	Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	G, K, L(e)
	24	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	3	EO	xxx	3/1	Company	K
	25	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	3	EO	xxx	3/1		K
	26	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	L(a)
	27	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
III. ELECTRONIC FILING REQUIREMENTS								
	28	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	29	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	30	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	33	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	34	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	35	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	36	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	37	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	L(a)(d)
	38	Audited Financial Statements	2	EO	xxx	6/1	Company	J, L(d)
	39	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	40	Independent CPA	xxx	N/A	N/A		Company	L(d)
	41	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	42	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	P, L(a)
	43	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
V. STATE REQUIRED FILINGS								
	44	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	45	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	46	Certificate of Valuation	1	0	1	3/1	State	H(b)
	47	Filings Checklist (with Column 1 completed)	xxx	0	xxx	3/1	State	
	48	State Filing Fees	xxx	0	xxx	7/1	State	M
	49	Updated Biographical Affidavits	1	0	xxx	3/1	Company	Domestic Only
	50	Basket Clause	1	0	xxx	3/1	State	R

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.