

## HEALTH ENTITIES PREPAID DENTAL

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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"X14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, 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, J, L(a)(b)
<b>II. NAIC SUPPLEMENTS</b>								
	3	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	4	Actuarial Opinion	3	EO	xxx	3/1	Company	G, K, L(a)(b)
	5	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	6	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	K
	7	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	2	EO	xxx	3/1	Company	K
	8	Life Supp Statement on par/non-par policies – Exh 5 Int. 1.1	2	EO	xxx	3/1	Company	K
	9	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	K
	10	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	K
	11	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, K, L(a)(b)
	12	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	K
	13	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	14	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	K
	15	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	K
	16	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, L(a)(b)
	17	Schedule SIS	2	N/A	N/A	3/1	NAIC	K
	18	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	L(a)
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	19	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	21	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	22	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	23	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	24	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	25	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	26	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	27	Quarterly Electronic Filing	xxx	1	zxx	5/15, 8/15, 11/15	NAIC	
	28	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	28	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	L(a), L(d)
	29	Audited Financial Statements	2	EO	xxx	6/1	Company	J, L(a)
	30	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	31	Independent CPA	xxx	N/A	N/A		Company	L(d)
	32	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	33	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	L(a), P
	34	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
<b>V. STATE REQUIRED FILINGS</b>								
	35	Filings Checklist (with Column I completed)	xxx	0	xxx		State	
	36	State Filing Fees	xxx	0	xxx		State	M
	37	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	38	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	39	Certificate of Valuation	1	0	1	3/1	State	H(b)
	40	Premium Tax	EO	xxx	EO			O
	41	Updated Biographical Affidavits	1	0	xxx	3/1	Company	G, H(a), Domestic Only
	42	Form B&C Holding Company Registration Statement	1	0	0	4/15	Company	L(a), Q
	43	Basket Clause Statement	1	0	0	3/1	State	L(a), Q
	44	Form B Supplement Fees Between Insurers and Affiliates	1	0	0	4/15	State	L(a), R
	45	TPA Affidavit	1	0	0	3/1	State	G, H(a), L(a)

\*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.