

LIFE, ACCIDENT AND HEALTH INSURERS

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, 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)
	3	Separate Accounts Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	4	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	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	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	10	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	K
	11	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	12	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	K
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	K
	14	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	K
	15	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, K, L(a)(b)
	16	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	K
	17	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	K
	18	Reasonableness of Assumptions Certification	1	EO	xxx	5/15, 8/15, 11/15	Company	K
	19	Reasonableness & Consistency of Assumptions Cert.	1	EO	xxx	5/15, 8/15, 11/15	Company	K
	20	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	1	EO	xxx	5/15, 8/15, 11/15	Company	K
	21	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	1	EO	xxx	5/15, 8/15, 11/15	Company	K
	22	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	1	EO	xxx	5/15, 8/15, 11/15	Company	K
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, L(a)(b)
	24	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	K
	25	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	K
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	K
	27	Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	G, K, L(a)(b)
	28	Statement on non-guaranteed elements - Exhibit 5 Int. #3	3	EO	xxx	3/1	Company	K
	29	Statement on par/non-par policies – Exhibit 5 Int. 1.1	3	EO	xxx	3/1	Company	K
	30	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	L(a)
	31	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	K
	32	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, K
	33	Workers' Compensation Carve Out Supplement	2	EO	xxx	3/1	NAIC	K
III. ELECTRONIC FILING REQUIREMENTS								
	34	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	35	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	36	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	37	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	38	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	39	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	40	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	41	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	42	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	43	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	44	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	45	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	L(a), L(d)
	46	Audited Financial Statements	2	EO	xxx	6/1	Company	J, L(a)

47	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
48	Independent CPA	xxx	N/A	N/A		Company	L(d)
49	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
50	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	L(a), P
51	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
V. STATE REQUIRED FILINGS							
52	Certificate of Compliance	xxx	0	none	3/1	State	H(b)
53	Certificate of Deposit	xxx	0	none	3/1	State	H(b)
54	Certificate of Valuation	1	0	none	3/1	State	H(b)
55	Filings Checklist (with Column 1 completed)	xxx	0	xxx	3/1	State	
56	Premium tax	EO	0	EO	3/1	State	O
57	State Filing Fees	xxx	0	xxx		State	M
60	Updated Biographical Affidavits	1	0	xxx	3/1	Company	G, H(a) Domestic Only
61	Form B&C – Holding Company Registration Statement	1	0	xxx	4/15	Company	L(a), Q
62	Form B Inter-Company Agreement Supplement	1	0	xxx	4/15	State	L(a), Q
63	Basket Clause Statement	1	0	xxx	3/1	State	L(a), R
64	Affidavit for Advertising Rules – Form Enclosed	1	0	1	3/1	State	
65	Affidavit Regarding TPA Pursuant to RSMo 376 1084	1	0	xxx	3/1	State	G, H(a), L(a)
66	Application to Renew Certificate of Authority	1	0	1	7/1	State	G, H(a), L(a)(b)

*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.