**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* Domestic State | Domestic NAIC | Foreign State | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|---|---|---|---|---|---|---|---|---|
| | | **I. NAIC FINANCIAL STATEMENTS** | | | | | | |
| | 1 | Annual Statement (8 ½"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 ½" 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 ½"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) |

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|---|---|---|---|---|---|---|---|---|
| | 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 | 1 | 0 | 1 | 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.**

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