

PROPERTY & CASUALTY 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" x 14")	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	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	5	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	6	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	K, L(a)(b)
	7	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	K
	8	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	K
	9	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	10	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	K
	11	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	K
	12	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	13	Insurance Expense Exhibit	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	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	18	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	K
	19	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	K, L(a)(b)
	20	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	K, L(a)(b)
	21	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, L(a)(b)
	22	Schedule SIS	2	N/A	N/A	3/1	NAIC	K
	23	Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	G, K, L(a)(b)
	24	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	L(a)
	26	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, K
III. ELECTRONIC FILING REQUIREMENTS								
	27	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	28	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	29	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	30	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	31	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	32	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	35	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	36	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	37	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	38	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	L(a), L(d)
	39	Audited Financial Statements	2	EO	xxx	6/1	Company	J, L(a)
	40	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	41	Independent CPA	1	N/A	N/A	1/1	Company	L(d)
	42	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA discovery	Company	
	43	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	L(a), P
	44	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
	45	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
V. STATE REQUIRED FILINGS								
	46	Certificate of Compliance	xxx	0	none		State	H(b)
	47	Certificate of Deposit	xxx	0	none	3/1	State	H(b)
	48	Filings Checklist (with Column 1 completed)	xxx	0	xxx		State	
	49	Premium tax	1	0	1	3/1	State	O
	50	State Filing Fees	xxx	0	xxx		State	M
	51	Signed Jurat	xxx	0	xxx		NAIC	
	52	Updated Biographical Affidavits	1	0	xxx	3/1	Company	G, H(a) Domestic Only
	53	Form B&C Holding Company Statements	1	0	xxx	4/15	Company	L(a), Q
	54	Form B Supplement Fees between Insurers and Affiliates	1	0	xxx	4/15	State	L(a), Q
	55	Basket Clause	1	0	xxx	3/1	State	L(a), R
	56	TPA Affidavit Pursuant to §376.1084 RSMo	1	0	xx	3/1	State	G, H(a), L(a)
	57	Actuarial Opinion Summary Confidential Trade Secrets	1	0	xxx	3/15	Company	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.