

**FRATERNAL SOCIETIES  
MISSOURI BAR CODES ARE NO LONGER REQUIRED**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2011**

(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 ½"x14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, L, N(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, N(a)(b)
	3	Separate Accounts Annual Statement (8 ½"x 14")	3	EO	xxx	3/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	G, M
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	G, M
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	G, M
	14	Actuarial Opinion	3	EO	xxx	3/1	Company	G, M, N(a)(b)(e)
	15	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	G, M
	16	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	G, M
	17	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	G, M
	18	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	G, M
	19	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	G, M
	20	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	G, M
	21	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	G, M
	22	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	M
	23	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	24	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	25	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	26	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	27	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	G
	28	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, M, N(a)(b)
	29	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	30	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	31	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	32	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	33	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	34	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	35	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	36	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	G, I, N(a)(b)
	37	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	G, M
	38	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	G, M
	39	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	2	EO	xxx	3/1	Company	M
	40	Statement on participating/non-participating policies – Exhibit 5, Inter. #1 & 2	2	EO	xxx	3/1	Company	M
	41	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	N(a)

	42	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	53	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	58	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	N(a)(d)
	72	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(a)(b)
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J
	74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	R
	75	Independent CPA (change)	1	N/A	N/A	1/1	Company	N(d)
	76	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	R
	77	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA Discovery	Company	
	78	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	N(a), R
	79	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	xxx	0	NONE	3/1	State	
	102	Certificate of Deposit	xxx	0	NONE	3/1	State	
	103	Certificate of Valuation	xxx	0	NONE	3/1	State	
	104	Filings Checklist (with Column 1 completed)	xxx	0	xxx		State	
	105	Premium Tax	1	0	1	3/1	State	Q
	106	State Filing Fees	1	0	1	7/1	State	C, O
	107	Signed Jurat	xxx	0	NONE		NAIC	N(b)
	108	Application for renewal of C of A	1	0	1	7/1	State	N(a)(c)
	109	Updated Biographical Affidavits	1	0	N/A	3/1, 5/15, 8/15, 11/15	Company	G, H(a), Domestic Only
	110	Basket Clause	1	0	xxx	3/1	State	N(a), T

\*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.