

## LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2017

(1) Checklist	(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, L, N(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, L, N(b)
	3	Separate Accounts Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	G, H(a), I, L, N(b)
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	12	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	M
	13	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	M
	14	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	15	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	M
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	M
	18	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	19	Management Discussion & Analysis	2	EO	xxx	4/1	Company	N(b)
	20	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	22	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(b)
	23	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	M
	26	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	M
	27	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	28	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	M
	29	Supplemental XXX/AXXX Reinsurance Exhibit	2	EO	xxx	4/1	NAIC	M
	30	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
	31	Workers' Compensation Carve-Out Supplement	2	EO	xxx	3/1	NAIC	M
<b>Actuarial Related Items</b>								
	32	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	G, M
	33	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1	Company	G, M
	34	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	35	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	36	Actuarial Memorandum Related to Universal Life with Secondary Guaratee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	G, M
	37	Actuarial Opinion	3	EO	xxx	3/1	Company	G, M, N(b)(e)
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	G, M
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	G, M
	40	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	G, M
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	G, M
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M

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			State	NAIC	State			
	43	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	44	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	2	N/A	xxx	3/15	Company	G
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	50	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	G, M
	51	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	G, M
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	M
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	xxx	3/1	Company	M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	66	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	N(d)
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(b)
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	1	N/A	N/A	12/1	Company	N(d)
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA Discovery	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	J
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	J
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	J
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	3/1	Company	J
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Actuarial Opinion Memorandum	1	N/A	N/A	4/30	Company	
	102	Affidavit Regarding TPA Pursuant to RSMo §376.1084	1	N/A	N/A	3/1	State	G, H(a)
	103	Application for Renewal of C of A	1	N/A	1	7/1	State	G,N(c)
	104	Basket Clause Statement	1	N/A	N/A	3/1	State	T, M
	105	Certificate of Compliance	0	0	0		State	
	106	Certificate of Compliance with Advertising Rules	1	N/A	1	3/1	State	U
	107	Certificate of Deposit	0	0	0		State	
	108	Certificate of Valuation	0	0	0		State	
	109	Filings Checklist (with Column 1 completed)	0	0	0		State	

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	110	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	N/A	4/15	State	M
	111	Form B Holding Company Registration	1	N/A	N/A	4/15	Company	S
	112	Form C Summary of Registration	1	N/A	N/A	4/15	Company	S
	113	Form F	1	N/A	xxx	5/1	State	G, H(a)
	114	Premium Tax	1	0	1	3/1	State	Q
	115	Signed Jurat – Annual	3	0	xxx	3/1		G, L
	116	Signed Jurat - Quarterly	2	0	xxx	5/15, 8/15, 11/15	NAIC	G, L
	117	State Filing Fees	1	0	1	7/1	State	C, O
	118	Updated Biographical Affidavits	1	N/A	N/A	3/1,5/15,8/15, 11/15	NAIC	G, H(a) Domestic ONLY

**\*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.**

**\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)**

**\*\*\*\*For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. Consistent with the Form B filing requirements, the ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)**