## LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:

NAIC Company Code:

Contact: Telephone: REQUIRED FILINGS IN THE STATE OF: Filings Made During the Year 2020 FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019. (4) NUMBER OF COPIES\* (6) FORM (7) APPLICABLE (1)(3)REQUIRED FILINGS FOR THE ABOVE STATE Checklist Line # DUE DATE SOURCE\* Domestic te NAIC Foreign NOTES State State I. NAIC FINANCIAL STATEMENTS 1 Annual Statement (8 1/2"x14") 2 G, H(a), I, EO 3/1NAIC L, N(a)xxx Printed Investment Schedule detail (Pages E01-E29) 2 EO 3/1 NAIC 1.1 XXX 2 Quarterly Financial Statement (8 1/2" x 14") 2 G, H(a), I, L, N(a) EO 5/15, 8/15, 11/15 NAIC XXX 3 Separate Accounts Annual Statement (8 1/2"x14") 2 G, H(a), I, EO NAIC XXX 3/1L, N(a)**II. NAIC SUPPLEMENTS** 11 Accident & Health Policy Experience Exhibit 2 EO 4/1 NAIC М XXX 2 NAIC 12 Credit Insurance Experience Exhibit EO 4/1Μ XXX Life, Health & Annuity Guaranty Assessment Base М 13 2 Reconciliation Exhibit EO 4/1NAIC xxx 14 Life, Health & Annuity Guaranty Assessment Base 2 Μ Reconciliation Exhibit Adjustment Form EO 4/1 NAIC xxx 15 Long-term Care Experience Reporting Forms 2 EO 4/1NAIC Μ XXX 2 Company Management Discussion & Analysis 16 EO XXX 4/1N(b)17 Medicare Supplement Insurance Experience Exhibit 2 EO 3/1NAIC М XXX 18 Medicare Part D Coverage Supplement 2 3/1, 5/15, 8/15, М EO 11/15 NAIC xxx EO 19 Risk-Based Capital Report 3/1 NAIC G. I. N(a) 1 XXX Schedule SIS 20 2 N/A N/A 3/1 NAIC М Supplemental Compensation Exhibit N/A 3/1 NAIC 21 1 N/A 22 Supplemental Health Care Exhibit (Parts 1, 2 and 3) 2 EO 4/1 NAIC М xxx 23 Supplemental Health Care Exhibit's Allocation Report 2 EO 4/1 NAIC М xxx 24 Supplemental Investment Risk Interrogatories 2 4/1NAIC EO Μ XXX 25 Supplemental Schedule O 2 EO 3/1 NAIC Μ XXX 26 Supplemental Term and Universal Life Insurance 2 М Reinsurance Exhibit EO 4/1NAIC XXX 27 Trusteed Surplus Statement 3/1, 5/15, 8/15, G, M 1 EO 11/15 NAIC xxx 28 Variable Annuities Supplement EO 4/1NAIC Μ 1 XXX 29 VM 20 Reserves Supplement EO 3/1 NAIC М 1 xxx 30 Workers' Compensation Carve-Out Supplement 2 EO xxx 3/1NAIC Μ **Actuarial Related Items** 31 Actuarial Certification regarding use 2001 Preferred 2 G, M EO Class Table 3/1 Company xxx Actuarial Certification Related Annuity Nonforfeiture 2 G.M 32 Ongoing Compliance for Equity Indexed Annuities EO 3/1 xxx Company Actuarial Certification Related to Hedging required by 2 G, M 33 Actuarial Guideline XLIII EO 3/1 Company xxx 34 Actuarial Certification Related to Reserves required 2 G. M by Actuarial Guideline XLIII EO 3/1Company XXX Actuarial Memorandum Related to Universal Life 35 G, M with Secondary Guarantee Policies required by 1 Actuarial Guideline XXXVIII 8D N/A 4/30 Company xxx 36 3 G, J(a), M, Actuarial Opinion EO 3/1 Company N(a)(d) xxx Executive Summary of the PBR Actuarial Report (if 37 N/A 4/1 VM early adopted) 2 xxx Company Actuarial Opinion on Separate Accounts Funding 2 G, M 38 Guaranteed Minimum Benefit EO 3/1 Company xxx 2 39 Actuarial Opinion on Synthetic Guaranteed G. M Investment Contracts EO 3/1Company xxx

2

2

1

EO

EO

3/1

3/1

XXX

xxx

Actuarial Opinion required by Modified Guaranteed

Actuarial Opinion on X-Factors

Annuity Model Regulation

40

41

G, M

G, M

Company

Company

	(2)	(3) REQUIRED FILINGS FOR THE ABOVE STATE	NUM	(4) BER OF CO	PIES*	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
Checklist	Line #		Dome State	estic NAIC	Foreign State			
	42	Financial Officer Certification Related to Clearly	2	NAIC	State			G, M
		Defined Hedging Strategy required by Actuarial	_					_,
		Guideline XLIII		EO	XXX	3/1	Company	
	43	Life PBR Exemption (formerly Companywide	1	E / O		Commissioner	~	
	4.4	Exemption)	2	E/O	XXX	7/1 NAIC 8/15	Company	C M
	44	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline	2					G, M
		XLIII		EO	xxx	3/1	Company	
	45	RAAIS required by Valuation Manual	2	N/A	XXX	4/1	Company	G
	46	Reasonableness & Consistency of Assumptions	2			3/1,5/15, 8/15,		G, M
		Certification required by Actuarial Guideline XXXV		EO	XXX	11/15	Company	
	47	Reasonableness of Assumptions Certification required	2	FO		3/1,5/15, 8/15,	C	G, M
	48	by Actuarial Guideline XXXV Reasonableness & Consistency of Assumptions	2	EO	XXX	11/15	Company	G, M
	40	Certification required by Actuarial Guideline XXXVI	Z			3/1,5/15, 8/15,		О, М
		(Updated Average Market Value)		EO	xxx	11/15	Company	
	49	Reasonableness & Consistency of Assumptions	2					G, M
		Certification required by Actuarial Guideline XXXVI				3/1,5/15, 8/15,		·
		(Updated Market Value)		EO	XXX	11/15	Company	
	50	Reasonableness of Assumptions Certification for	2					G, M
		Implied Guaranteed Rate Method required by		БО		3/1,5/15, 8/15,	C	
	51	Actuarial Guideline XXXVI RBC Certification required under C-3 Phase I	1	EO EO	XXX	11/15 3/1	Company	CM
	51 52	RBC Certification required under C-3 Phase I	1	EO	XXX XXX	3/1	Company Company	G, M G, M
	53	Statement on non-guaranteed elements - Exhibit 5 Int.	2	EO	ллл	5/1	Company	M M
	55	#3	2	EO	xxx	3/1	Company	141
	54	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	XXX	3/1	Company	М
		III. ELECTRONIC FILING REQUIREMENTS						
	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 Supplemental Electronic Filing	XXX	EO EO	XXX	3/1 4/1	NAIC NAIC	
	67 68	Supplemental PDF Filing	XXX	EO	XXX	4/1 4/1	NAIC	
	69	Quarterly Statement Electronic Filing	XXX XXX	EO	XXX XXX	5/15, 8/15, 11/15	NAIC	
	70	Quarterly Statement Electione Thing Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		6				-		
		IV. AUDIT/INTERNAL						
		CONTROL RELATED REPORTS				<i>c.14</i>	~	
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	N(c)
	82 83	Audited Financial Reports Audited Financial Reports Exemption Affidavit	2	EO	xxx N/A	6/1	Company	J, N(c) J
	83 84	Communication of Internal Control Related Matters	2	N/A	1N/A		Company	R
			-	EO	N/A	8/1	Company	
	-	Noted in Audit		LO			Company	N(c)
	85	Noted in Audit Independent CPA (change)	1	N/A			Company	
	85 86	Noted in Audit Independent CPA (change) Management's Report of Internal Control Over	1 2		N/A		Company	1((0)
	86	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting	2	N/A N/A	N/A N/A	8/1	Company	
	86 87	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition	2 2	N/A	N/A	8/1		
	86	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead	2	N/A N/A N/A	N/A N/A N/A		Company Company	J
	86 87 88	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner	2 2 1	N/A N/A	N/A N/A	8/1	Company	
	86 87	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for	2 2	N/A N/A EO	N/A N/A N/A xxx	3/1	Company Company Company	J
	86 87 88 89	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA	2 2 1 1	N/A N/A EO EO	N/A N/A N/A xxx xxx	3/1 3/1	Company Company Company Company	1 1
	86 87 88	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees	2 2 1	N/A N/A EO	N/A N/A N/A xxx	3/1	Company Company Company	J
	86 87 88 89 90	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA	2 2 1 1 1	N/A N/A EO EO	N/A N/A N/A xxx xxx	3/1 3/1	Company Company Company Company	1 1
	86 87 88 89 90	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	2 2 1 1 1	N/A N/A EO EO EO	N/A N/A N/A xxx xxx xxx	3/1 3/1	Company Company Company Company Company	1 1 1
	86 87 88 89 90 91	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting V. STATE REQUIRED FILINGS	2 2 1 1 1	N/A N/A EO EO EO	N/A N/A N/A xxx xxx xxx	3/1 3/1	Company Company Company Company Company	1 1 1
	86 87 88 89 90 91 101	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting <b>V. STATE REQUIRED FILINGS</b> Certificate of Compliance	2 1 1 1 1 0	N/A N/A EO EO EO N/A	N/A N/A XXX XXX XXX N/A	3/1 3/1	Company Company Company Company Company Company	1 1 1
	86 87 88 89 90 91 91 	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting <b>V. STATE REQUIRED FILINGS</b> Certificate of Compliance Certificate of Deposit	2 1 1 1 1 0 0	N/A           N/A           N/A           EO           EO           EO           N/A	N/A N/A XXX XXX XXX N/A 0 0	3/1 3/1	Company Company Company Company Company Company State State	1 1 1
	86 87 88 89 90 91 101 102 103	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting <b>V. STATE REQUIRED FILINGS</b> Certificate of Compliance Certificate of Deposit Certificate of Valuation	2 1 1 1 1 0 0 0 0	N/A           N/A           N/A           EO           EO           EO           N/A	N/A N/A XXX XXX XXX N/A 0 0 0	3/1 3/1	Company Company Company Company Company Company State State State State	1 1 1
	86 87 88 89 90 91 91 	Independent CPA (change) Management's Report of Internal Control Over Financial Reporting Notification of Adverse Financial Condition Relief from the five-year rotation requirement for lead audit partner Relief from the one-year cooling off period for independent CPA Relief from the Requirements for Audit Committees Request for Exemption to File Management's Report of Internal Control Over Financial Reporting <b>V. STATE REQUIRED FILINGS</b> Certificate of Compliance Certificate of Deposit	2 1 1 1 1 0 0	N/A           N/A           N/A           EO           EO           EO           N/A	N/A N/A XXX XXX XXX N/A 0 0	3/1 3/1	Company Company Company Company Company Company State State	1 1 1

(1)	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5)	(6) FORM	(7) APPLICABLE
Checklist			Domestic		Foreign	DUE DATE	SOURCE**	NOTES
	105		State	NAIC	State	2/1	<b>a</b>	***
	107	Annual Statement Supplement for Missouri	1	N/A	1	3/1	State	W
	108	Statement of Basket Clause (MO 375-0076)	1	N/A	N/A	3/1	State	Т, М
	109	Affidavit regarding Third Party Administrator (TPA)	1	N/A	N/A	3/1	State	G, H(a)
	110	Certificate of Compliance with Advertising Rules	1	N/A	1	3/1	State	U
	111	Updated Biographical Affidavits	1	N/A	N/A	3/1,5/15,8/15,	NAIC	G, H(a), V,
						11/15		Domestic
								Only
	112	MO Medicare Supplement Insurance Experience	1	N/A	1	4/1	State	
		Report						
	113	Form B Supplement Fees Between Insurers and	1	N/A	N/A	5/1	State	М
		Affiliates						
	114	Form B Holding Company Registration	1	N/A	N/A	5/1	Company	S
	115	Form C Summary of Registration	1	N/A	N/A	5/1	Company	S
	116	Actuarial Opinion Memorandum	1	N/A	N/A	4/30	Company	
	117	Form F – Enterprise Risk Report ****	1	N/A	XXX	5/1	State	G, H(a), S
	118	Signed Jurat – Quarterly	0	0	XXX	5/15, 8/15, 11/15	NAIC	G, L
	119	Corporate Governance Annual Disclosure***	1	N/A	N/A	6/1	Company	
	120	State Filing Fees	1	0	1	7/1	State	С, О
	121	Application for Renewal of C of A	1	N/A	1	7/1	State	G. N(b)
	122	ORSA****	1	N/A	N/A	2020	Company	

\*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 Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <u>http://www.naic.org/public\_lead\_state\_report.htm</u>.

\*\*\*\*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 <u>not</u> 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: <u>http://www.naic.org/public\_lead\_state\_report.htm</u>

\*\*\*\*\*For those states that have adopted the NAIC 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. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <u>http://www.naic.org/public\_lead\_state\_report.htm</u>