

**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 2012**

(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"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 1/2" 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 1/2"x 14")	3	EO	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	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	2	EO	xxx	3/1	Company	G,M
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G,M
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G,M
	14	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	G, M
	15	Actuarial Opinion	3	EO	xxx	3/1	Company	G,M,N(a)(b)(e)
	16	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	G,M
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	G,M
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	G,M
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	G,M
	20	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	G,M
	21	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	G,M
	22	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	GM
	23	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	M
	24	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	25	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	26	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	27	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	28	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G
	29	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J,M,N(a)(b)
	30	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	31	Medicare Part D Coverage Supplement	2	EO	xxx	3/1 ,5/15, 8/15, 11/15	NAIC	M
	32	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	33	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	G, M
	34	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
	35	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
	36	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
	37	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(a)(b)
	38	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	G, M
	39	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	M
	40	Statement on non-guaranteed elements – Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	M

41	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	2	EO	xxx	3/1	Company	M
42	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	N(a)
43	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
III. ELECTRONIC FILING REQUIREMENTS							
50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
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	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
80	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
81	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
V. STATE REQUIRED FILINGS							
101	Premium tax	1	N/A	1	3/1	State	Q
102	State Filing Fees	1	N/A	1	7/1	State	C, Q
103	Application for renewal of C of A	1	N/A	1	7/1	State	N(a)(c)
104	Update Biographical Affidavits	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	G, H(a) Domestic Only
105	Basket Clause	1	N/A	xxx	3/1	State	N(a), T
106	Actuarial Opinion Memorandum	1	N/A	xxx	3/15	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.