

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:\_\_\_\_\_NAIC Company Code:\_\_\_\_\_

Contact:\_\_\_\_\_Telephone:\_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_Filings Made During the Year 2021

FRATERNAL COMPANIES BEGAN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH THE FIRST QUARTER, 2019.

(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			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	EO	EO	xxx	3/1	NAIC	A,B,E-O
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	xxx	3/1	NAIC	A,B,E-O
	2	Quarterly Financial Statement (8 ½" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-O
	3	Separate Accounts Annual Statement (8 ½"x14")	EO	EO	xxx	3/1	NAIC	A,B,E-O
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	12	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	15	Long-term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	16	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A,B,E-K
	17	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	18	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	19	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	20	Schedule SIS	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	21	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A,B,E-K,N
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	23	Supplemental Health Care Exhibit's Allocation Report	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	24	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	25	Supplemental Schedule O	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	27	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	28	Variable Annuities Supplement	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	29	VM 20 Reserves Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	30	Workers' Compensation Carve-Out Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred Class Table	EO	EO	xxx	3/1	Company	A,B,E-K
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	EO	EO	xxx	3/1	Company	A,B,E-K
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	EO	N/A	xxx	4/30	Company	A,B,E-K
	34	Actuarial Opinion	EO	EO	xxx	3/1	Company	A,B,E-J,
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	xxx	3/1	Company	A,B,E-K
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	xxx	3/1	Company	A,B,E-K
	37	Actuarial Opinion on X-Factors	EO	EO	xxx	3/1	Company	A,B,E-K
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	EO	EO	xxx	3/1	Company	A,B,E-K
	39	Request for Life PBR Exemption (formerly Companywide Exemption)	EO	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	A,B,E-K
	40	Executive Summary of the PBR Actuarial Report	EO	N/A	xxx	4/1	Company	A,B,E-K,L
	41	Life Summary of the PBR Actuarial Report	EO	EO	xxx	4/1	Company	A,B,E-L
	42	Variable Annuities Summary of the PBR Actuarial Report	EO	EO	xxx	4/1	Company	A,B,E-L
	43	PBR Actuarial Report (provide upon request)	EO	EO	xxx	4/1	Company	A,B,E-L
	44	RAAIS required by <i>Valuation Manual</i>	EO	N/A	EO	4/1	Company	A,B,E-J,W
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	50	RBC Certification required under C-3 Phase I	EO	EO	xxx	3/1	Company	A,B,E-K
	51	RBC Certification required under C-3 Phase II	EO	EO	xxx	3/1	Company	A,B,E-K
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	xxx	3/1	Company	A,B,E-K
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	xxx	3/1	Company	A,B,E-K
		III. ELECTRONIC FILING REQUIREMENTS						

