LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

| COMPANY NAME: | _NAIC Company Code: | | |
|-----------------------------------|-----------------------------------|--|--|
| Contact: | | | |
| DECLIDED EILINGS IN THE STATE OF. | Filings Made During the Veer 2021 | | |

<u>FRATERNAL COMPANIES BEGAN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH THE FIRST QUARTER, 2019</u> (3) (5) (2) (4) NUMBER OF COPIES* (6) FORM (7) APPLICABLE REQUIRED FILINGS FOR THE ABOVE STATE DUE DATE SOURCE** NOTES Checklist Line # Foreign NAIC I. NAIC FINANCIAL STATEMENTS Annual Statement (8 1/2"x14") EO ЕО 3/1 NAIC A.B.E-O XXX Printed Investment Schedule detail (Pages E01-E29) 1.1 EO EO 3/1 NAIC A,B,E-O XXX 5/15, 8/15, 2 Quarterly Financial Statement (8 1/2" x 14") ЕО ЕО NAIC A,B,E-O XXX 11/15 3 Separate Accounts Annual Statement (8 ½"x14") EO EO 3/1 NAIC A,B,E-O XXX II. NAIC SUPPLEMENTS EO 4/1 11 Accident & Health Policy Experience Exhibit EO xxx NAIC A.B.E-K.N 12 Credit Insurance Experience Exhibit EO EO XXX 4/1 NAIC A,B,E-K,N Life, Health & Annuity Guaranty Assessment Base 13 EO EO 4/1 NAIC A,B,E-K,N Reconciliation Exhibit Life, Health & Annuity Guaranty Assessment Base A.B.E-K.N 14 ΕO ΕO 4/1 NAIC xxx Reconciliation Exhibit Adjustment Form 15 Long-term Care Experience Reporting Forms ΕO EO 4/1 NAIC A,B,E-K,N XXX 16 Management Discussion & Analysis ЕО ЕО 4/1 A,B,E-K XXX Company 17 Medicare Supplement Insurance Experience Exhibit ЕО 3/1 A,B,E-K,N EO XXX NAIC 3/1, 5/15Medicare Part D Coverage Supplement EO EO A.B.E-K.N XXX 8/15, 11/15 NAIC 19 Risk-Based Capital Report EO EO A,B,E-K,N XXX 3/1 20 Schedule SIS EO EO 3/1 NAIC A,B,E-K,N XXX 21 NAIC 3/1 A.B.E-K.N Supplemental Compensation Exhibit N/A N/A EO NAIC Supplemental Health Care Exhibit (Parts 1, 2 and 3) ЕО 4/1 A,B,E-K,N EO XXX 4/1 NAIC $A,B,E-K,\overline{N}$ EO Supplemental Health Care Exhibit's Allocation Report EO XXX 24 NAIC Supplemental Investment Risk Interrogatories EO EO 4/1 A,B,E-K,N XXX Supplemental Schedule O NAIC A,B,E-K,N 25 EO EO 3/1 XXX Supplemental Term and Universal Life Insurance 26 EO 4/1 EO xxx NAIC A.B.E-K.N Reinsurance Exhibit 3/1, 5/15 27 Trusteed Surplus Statement EO EO NAIC A,B,E-K,N XXX 8/15, 11/15 NAIC A,B,E-K,N 28 Variable Annuities Supplement EO EO XXX 4/1 29 VM 20 Reserves Supplement ΕO 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** Actuarial Certification regarding use 2001 Preferred Class 31 EO EO XXX 3/1 Company A.B.E-K Table Actuarial Certification Related Annuity Nonforfeiture 32 EO EO 3/1 A.B.E-K XXX Company Ongoing Compliance for Equity Indexed Annuities Actuarial Memorandum Related to Universal Life with 33 EO N/A 4/30 A.B.E-K Secondary Guarantee Policies required by Actuarial XXX Company Guideline XXXVIII 8D 34 ЕО ЕО 3/1 A,B,E-J, Actuarial Opinion Company XXX Actuarial Opinion on Separate Accounts Funding 35 EO EO xxx 3/1 Company A.B.E-K Guaranteed Minimum Benefit Actuarial Opinion on Synthetic Guaranteed Investment Company A,B,E-K XXX Contracts 37 Actuarial Opinion on X-Factors EO EO XXX 3/1 Company A.B.E-K Actuarial Opinion required by Modified Guaranteed 38 EO EO 3/1 Company A,B,E-K XXX Annuity Model Regulation Commissioner Request for Life PBR Exemption (formerly 39 EO E/O 7/1 NAIC Company A,B,E-K XXX Companywide Exemption) 8/15 Executive Summary of the PBR Actuarial Report N/A 40 EO Company A.B.E-K.I. xxx 4/1 Life Summary of the PBR Actuarial Report 41 EO EO XXX 4/1 Company A.B.E-L 42 Variable Annuities Summary of the PBR Actuarial Report EO 4/1 EO XXX Company A.B.E-L PBR Actuarial Report (provide upon request) 43 EO EO XXX 4/1 Company A,B,E-L 44 RAAIS required by Valuation Manual EO N/A EO 4/1 Company A.B.E-J.W 3/1,5/15, 8/15, Reasonableness & Consistency of Assumptions 45 EO EO xxx Company A.B.E-K Certification required by Actuarial Guideline XXXV 11/15 3/1,5/15, 8/15, Reasonableness of Assumptions Certification required by 46 EO EO XXX Company A,B,E-K Actuarial Guideline XXXV 11/15 Reasonableness & Consistency of Assumptions 3/1,5/15, 8/15, 47 Certification required by Actuarial Guideline XXXVI EO EO xxx Company A.B.E-K 11/15(Updated Average Market Value) Reasonableness & Consistency of Assumptions 3/1,5/15, 8/15, 48 Certification required by Actuarial Guideline XXXVI ΕO EO A,B,E-K Company 11/15 (Updated Market Value) Reasonableness of Assumptions Certification for Implied 3/1,5/15, 8/15, Guaranteed Rate Method required by Actuarial Guideline 49 EO EO A.B.E-K XXX Company 11/15 XXXVI 50 RBC Certification required under C-3 Phase I ЕО ЕО 3/1 Company A,B,E-K XXX RBC Certification required under C-3 Phase II EO 3/1 Company A,B,E-K XXXStatement on non-guaranteed elements - Exhibit 5 Int. #3 ЕО 3/1 52 EO XXX Company A,B,E-K 53 3/1 Statement on par/non-par policies – Exhibit 5 Int. 1&2 EO EO XXX Company A,B,E-K

III. ELECTRONIC FILING REQUIREMENTS

| (1) | (2) | (3) | (4) | | (5) | (6) | (7) | |
|-----------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-------|------------------------------|----------|---------------|
| , , | ` ′ | ` ' | NUMBER OF COPIES* Domestic Foreign | | PIES* | , , | FORM | APPLICABLE |
| Checklist | Line# | REQUIRED FILINGS FOR THE ABOVE STATE | | | | DUE DATE | SOURCE** | NOTES |
| | (1 | A 100 (F1 (F1) | State | NAIC | State | 2/1 | NAIC | |
| | 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 | ЕО | XXX | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | June .PDF Filing | XXX | EO | XXX | 6/1 | NAIC | |
| | | | | | | | | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | EO | EO | N/A | 6/1 | Company | B,E,U |
| | 82 | Audited Financial Reports | EO | EO | XXX | 6/1 | Company | B,E,F,I |
| | 83 | Audited Financial Reports Exemption Affidavit | EO | N/A | N/A | 6/1 | Company | B,E,F,I,P |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | ЕО | ЕО | N/A | 8/1 | Company | B,E,V |
| | 85 | Independent CPA (change) | EO | N/A | N/A | | Company | B,P |
| | 86 | Management's Report of Internal Control Over Financial Reporting | ЕО | N/A | N/A | 8/1 | Company | В,Е |
| | 87 | Notification of Adverse Financial Condition | EO | N/A | N/A | | Company | B,I |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | EO | ЕО | xxx | 3/1 | Company | B,I,P |
| | 89 | Relief from the one-year cooling off period for independent CPA | ЕО | ЕО | xxx | 3/1 | Company | B,I,P |
| | 90 | Relief from the Requirements for Audit Committees | EO | ЕО | XXX | 3/1 | Company | B,I,P |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | ЕО | N/A | N/A | | Company | B,I,P |
| | | | | | | | | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | | | | | | | | |
| | 102 | Annual Company Profile Questionnaire | EO | 0 | N/A | 4/1 | State | A,B,J,L,M,O,Z |
| | 103 | Basket Clause | EO | 0 | 0 | 3/1 | State | A,B,E,K,J,M,O |
| | 104 | Certificate of Advertising | EO | 0 | EO | 3/1 | State | A,B,E,J, |
| | 105 | Corporate Governance Annual Disclosure*** | EO | 0 | N/A | 6/1 | Company | A,B,E,J, O |
| | 106 | Foreign Investments and Other Structured Securities under (IC 27-1-12-2(b)(17A), (17B) & & (31) | ЕО | 0 | 0 | 3/1 | State | A,B,E,J,K,M,O |
| | 107 | Form F **** | EO | 0 | N/A | 7/1 | State | B,E,G, J,O,Y |
| | 108 | Health Care Exhibit Supplement Waiver | EO | 0 | N/A | 2/14 | State | I,DD |
| | 109 | Holding Company Registration (Rule 15.1, Form B & C) | ЕО | 0 | N/A | 7/1 | State | B,E,G, J,O |
| | 110 | ORSA**** | ЕО | 0 | N/A | See Note KK | Company | B,EE,J,O,EE |
| | 111 | Premium Tax | ЕО | 0 | ЕО | 3/1,4/15,6/15, 9/15,12/15 | State | D,E,F,AA |
| | 112 | State Filing Fees (Indiana Fee and Retaliatory Fee Statement) | ЕО | 0 | ЕО | 3/1 | State | С,Е |
| | 113 | Statement of Condition (Not applicable to Fraternal) | 0 | 0 | ЕО | 3/1 | State | A,B,E,G,J,R |
| | | Supplement to the State of Indiana Health Exhibit | | | | | | |
| | 114 | (IĈĤIA) | ЕО | 0 | EO | 3/1 | ICHIA | Q |
| | 115 | Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign Companies with a deposit in Indiana. (Not Applicable to Fraternal) | ЕО | 0 | 1 | 2/15 | State | CC |

^{*}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: http://www.naic.org/public_lead_state_report.htm.

^{****}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: http://www.naic.org/public_lead_state_report.htm

^{******}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 not 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. It is the Department's preference that ORSA filing be submitted on or before September 1. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm