

**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 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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	NAIC	A,B,E-R,U
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	A,B,E-R,U
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-L,Q,U
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	NAIC	A,B,E-Q,U
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	12	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	15	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	16	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,B,E-K,M,R,U
	17	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	18	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
	19	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R
	21	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	23	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	24	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	25	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	27	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
	28	Variable Annuities Supplement	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	29	VM 20 Reserves Supplement	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	30	Workers' Compensation Carve-Out Supplement	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
<b>Actuarial Related Items</b>								
	31	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	33	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	34	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	2	N/A	xxx	4/30	Company	A,B,E-K,M,R,U
	36	Actuarial Opinion	2	EO	xxx	3/1	Company	A,B,E-K,R,S,U
	37	Executive Summary of the PBR Actuarial Report (if VM early adopted)	1	N/A	xxx	4/1	Company	A,B,E-K,M,N,R
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	40	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	43	Life PBR Exemption (formerly Companywide Exemption)	1	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	A,B,E-K,M,R,U
	44	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	45	RAAIS required by <i>Valuation Manual</i>	1	N/A	EO	4/1	Company	A,B,E-K,R,AA
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K,M,R,U
	47	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K,M,R,U

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			State	NAIC	State			
	48	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	A,B,E-K,M,R,U
	49	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	A,B,E-K,M,R,U
	50	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	A,B,E-K,M,R,U
	51	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	A,B,E-K,M,R
	52	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	A,B,E-K,M,R
	53	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
	54	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U
		<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	B,E,Y
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	B,E,F,J,Z
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A	6/1	Company	B,E,F,J,S
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	B,E,Z
	85	Independent CPA (change)	2	N/A	N/A		Company	B,S
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B,E
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	B,J
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	B,J,S
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	B,J,S
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	B,J,S
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	B,J,S
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)	2	0	xxx	3/1	State	O,U
	102	Annual Company Profile Questionnaire	1	0	N/A	4/1	State	B,K,N,O,Q,DD
	103	Basket Clause	2	0	0	3/1	State	B,E,K,O,Q,U,R
	104	Certificate of Advertising	2	0	1	3/1	State	A,B,E,K,O,R,U,
	105	Corporate Governance Annual Disclosure***	1	0	N/A	6/1	Company	A,B,E,K,N,Q
	106	Foreign Investments and Other Structured Securities under (IC 27-1-12-2(b)(17A), (17B) & (31)	2	0	0	3/1	State	B,E,K,M,O,Q,R,U
	107	Form F ****	1	0	N/A	7/1	State	B,E,G,H,K,Q,C
	108	Health Care Exhibit Supplement Waiver	1	0	N/A	2/14	State	J,JJ
	109	Holding Company Registration (Rule 15.1, Form B & C)	1	0	N/A	7/1	State	B,E,G,H,K,Q,CC
	110	ORSA*****	1	0	N/A	See Note KK	Company	B,K,N,Q,KK
	111	Premium Tax (Do Not Include with Annual Statement)(Not Applicable to Fraternal)	1	0	1	3/1,4/15,6/15, 9/15,12/15	State	D,F,O
	112	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) Do Not Include with Annual Statement	1	0	1	3/1	State	C,O
	113	Statement of Condition (Not applicable to Fraternal)	0	0	2	3/1	State	A,B,E,G,H,K,V
	114	Supplement to the State of Indiana Health Exhibit (ICHIA)	1	0	1	3/1	ICHIA	T
	115	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign Companies with a deposit in Indiana. (Not Applicable to Fraternal)	1	0	1	2/15	State	II

\*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 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. 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 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 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](http://www.naic.org/public_lead_state_report.htm)