LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	_NAIC Company Code:
Contact:	
REQUIRED FILINGS IN THE STATE OF:	_Filings Made During the Year 2022

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

(1)	(2)	(3)		(4)		(5)	(6)	(7)
				IBER OF CO	PIES*		FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom State	estic NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
	1	Annual Statement (8 ½"x14")	2	EO	XXX	3/1	NAIC	G, H
	1.1	Printed Investment Schedule detail (Pages E01-E29)	0	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	G, H
	3	Separate Accounts Annual Statement (8 ½"x14")	2	EO	XXX	3/1	NAIC	G, H
		II. NAIC SUPPLEMENTS			1	T		Г
	11	Accident & Health Policy Experience Exhibit (revised)	1	EO	XXX	4/1	NAIC	N
	12	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	
	13	Health Care Receivable Supplement	1	EO	XXX	3/1	NAIC	N
	14	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	1	EO	XXX	4/1	NAIC	N
	15	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	16	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	17	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	18	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15,	NAIC	
	10	nacontaine I air B es votage Bappiement	1	20	7227	11/15	11110	
	19	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	20	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	21	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	P
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	XXX	4/1	NAIC	
	23	Supplemental Health Care Exhibit's Allocation Report	1	EO	XXX	4/1	NAIC	
	24	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	25	Supplemental Schedule O	1	EO	XXX	3/1	NAIC	
	26	Supplemental Term and Universal Life Insurance	1	EO	XXX	4/1	NAIC	
		Reinsurance Exhibit	1			,, -		
	27	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Variable Annuities Supplement	1	EO	XXX	4/1	NAIC	
	29	VM 20 Reserves Supplement	1	EO	XXX	3/1	NAIC	
	30	Workers' Compensation Carve-Out Supplement	1	EO	XXX	3/1	NAIC	
			-					
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred Class	1	EO	xxx	3/1	Company	
	22	Table	1	FO		2/1	C	
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	XXX	3/1	Company	
	33	Actuarial Memorandum Related to Universal Life with	1	N/A	XXX	4/30	Company	
		Secondary Guarantee Policies required by Actuarial						
	2.	Guideline XXXVIII 8D				2/1	-	
	34 35	Actuarial Opinion Actuarial Opinion on Separate Accounts Funding	1	EO	XXX	3/1	Company	
	33	Guaranteed Minimum Benefit		EO	XXX	3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed Investment	1	EO	XXX	3/1	Company	
		Contracts						
<u> </u>	37	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	XXX	3/1	Company	
	39	Request for Life PBR Exemption (formerly	1	E/O	XXX	Commissioner 7/1	Company	
	16	Companywide Exemption)	_	27/1		NAIC 8/15	-	
	40	Executive Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	N
	41	Life Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	N
	42	Variable Annuities Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	N

(1)	(2)	(3)	I	(4)		(5)	(6)	(7)
		NUMBER OF COPIES*		PIES*		(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
	12	DDD 4-4	State	NAIC N/A	State		C	N
	43	PBR Actuarial Report (provide upon request)	1	N/A	XXX		Company	IN
	44	RAAIS required by Valuation Manual	1	N/A	N/A	4/1	Company	
	45	Reasonableness & Consistency of Assumptions	1	EO	XXX	3/1,5/15, 8/15,	Company	
	1.0	Certification required by Actuarial Guideline XXXV	1	FO		11/15	-	
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness & Consistency of Assumptions	1	EO		3/1,5/15, 8/15,	Company	
	47	Certification required by Actuarial Guideline XXXVI	1	EO	XXX	11/15	Company	
		(Updated Average Market Value)				11/13		
	48	Reasonableness & Consistency of Assumptions	1	EO	XXX	3/1,5/15, 8/15,	Company	
	10	Certification required by Actuarial Guideline XXXVI	•	Lo	AAA	11/15	Company	
		(Updated Market Value)						
	49	Reasonableness of Assumptions Certification for Implied	1	EO	XXX	3/1,5/15, 8/15,	Company	
		Guaranteed Rate Method required by Actuarial Guideline				11/15		
		XXXVI						
	50	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	
	51	RBC Certification required under C-3 Phase II	1	EO	XXX	3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	XXX	3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	XXX	3/1	Company	
		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	1
	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		EO	XXX	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	XXX	EO		5/15, 8/15, 11/15	NAIC	
	70	Quarterly Statement Electronic Fining Quarterly .PDF Filing	XXX	EO	XXX XXX	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing		EO		6/1	NAIC	
	/1	Julie .FDF Filling	XXX	EO	XXX	0/1	NAIC	
		IV. AUDIT/INTERNAL						
		CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	N/A	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	0/1	Company	
	84	Communication of Internal Control Related Matters	1	EO	N/A	8/1	Company	
	04	Noted in Audit	1	LO	11/7	0/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial	1	N/A	N/A	8/1	Company	
	80	Reporting	1	11/71	11/7	0/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead	1	EO	N/A	3/1	Company	
	30	audit partner	1	LO	1 V/A	3/1	Company	
	89	Relief from the one-year cooling off period for	1	EO	N/A	3/1	Company	
		independent CPA	•		1,711		Company	
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
	91	Request for Exemption to File Management's Report of	1	N/A	N/A		Company	
	1	Internal Control Over Financial Reporting	_				p.uj	1
		, ,						
	1	V. STATE REQUIRED FILINGS						1
	101		1		1	2/1	Cr.	D.
	101	Advertising Certificate	1	0	1	3/1	State	P
	102	Annual Report Supplement (Rule 945)	1	0	1	3/1	State	P
	103	Carrier Reporting Form	<u>l</u>	0	1	2/1	State	P
<u> </u>	104	Consumer Complaint Contact Update	1	0	1	3/1	Company	P
<u> </u>	105	Corporate Governance Annual Disclosure***	1	0	N/A	6/1	Company	
	106	Downstream Risk Arrangement Disclosure	1	0	1	4/1	Company	P
	107	Employee Excess Benefit Insurance	1	0	1	4/1	State	P, N
	108	Exam Assessment Fee	1	0	N/A	3/1	State	C, O
	109	Filings Checklist (with Column 1 completed)	1	0	N/A	3/1	State	
	110	Form B-Holding Company Registration Statement	1	0	N/A	5/1	Company	G, I
	111	Form F-Enterprise Risk Report ****	1	0	N/A	5/1	Company	ļ
	112	Health Insurance Annual Data Reporting (Rule 940)	1	0	1	4/30	State	P

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	113	Health Report Card Survey	1	0	1	3/1	State	P
	114	Health Plans Providing Prescription Drug Benefits Report	1	0	1	3/1	State	N
	115	Life Insurance Illustration Certifications	1	0	1	date determined	Company	
						by the insurer		
	116	Long-Term Care Report (Rule 425)	1	0	1	6/30	State	P
	117	Maine Fraud and Abuse Annual Report	1	0	1	3/1	State	P
	118	Maine Insurance Data Security Act Certification	1	0	0	4/15	State	N, P
	119	Managing General Agent	1	0	1	3/1	State	P
	120	Mandated Benefit Experience Report (Bulletin 292)	1	0	1	4/30	State	P
	121	Medical Loss Ratio Reporting and Rebates (24-A MRS	1	0	1	Per federal date	State	P
		§4319 and Rule 940, Section 13)				requirement		
	122	ORSA****	1	0	N/A		Company	
	123	Physician Performance Measurement, Reporting, and	1	0	1	10/1	State	P
		Tiering Programs Registration Form						
	124	Preferred Provider Arrangement Annual Registration	1	0	1	3/1	State	P
	125	Premium Tax	1	0	1	3/15	State	D
	126	Reasonableness & Consistency of Assumption	1	0	N/A		Company	P
		Certification						
	127	State Filing Fees	1	0	1	8/10	State	C, P
	128	Signed Jurat	1	0	N/A	3/1, 5/15, 8/15,	NAIC	L
						11/15		
	129	State Page for Maine	1	0	N/A	3/1	Company	
	130	Supplemental Health Insurance Report (Bulletin 286-A)	1	0	1	4/1	State	P
	131	Tick Borne Disease Report	1	0	1	2/1	State	P
	132	Group Capital Calculation	0	0	0			

^{*}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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

	See separate Notes and Instructions on the website for details	
	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	
Λ	Required Philigs Contact Letson.	
В	Mailing Address:	
	rianing radicess.	
С	Mailing Address for Filing Fees:	
	Training Fradress for Fining Foosi	
D	Mailing Address for Premium Tax Payments:	
	Training Tradition 1911 Tolling Tall Tay months	
Е	Delivery Instructions:	
	,	
F	Late Filings:	
G	Original Signatures:	
Н	Signature/Notarization/Certification:	
I	Amended Filings:	
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	
L	Signed Jurat:	
M	NONE Filings:	
N	Filings new, discontinued or modified materially since last year:	
O	Contact Information for Exam Fees:	
P	Required by the State of Maine	
	See separate Notes and Instructions on the website for details	

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC

will not be sending their own checklist this year.

<u>Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site</u> which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are

not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

Column (2) Line

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts.PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplement.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The Quarterly.PDF Filing is the .pdf for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

5

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

Revised 03/03/2022