

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

COMPANY NAME: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: ARIZONA

Filings Made During the Year 2019

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

(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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"x14")	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	xxx	EO	xxx	4/1	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	xxx	EO	xxx	4/1	NAIC	
	14	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	15	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	EO	xxx	4/1	NAIC	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	EO	xxx	4/1	NAIC	
	18	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	
	19	Management Discussion & Analysis	xxx	EO	xxx	4/1	Company	
	20	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	21	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	
	22	Risk-Based Capital Report	xxx	EO	xxx	3/31	NAIC	
	23	Schedule SIS	1	N/A	N/A	3/31	NAIC	B
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/31	NAIC	B
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO	xxx	4/1	NAIC	
	26	Supplemental Health Care Exhibit's Allocation Report	xxx	EO	xxx	4/1	NAIC	
	27	Supplemental Investment Risk Interrogatories	xxx	EO	xxx	4/1	NAIC	

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

(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 State	NAIC	Foreign State			
	28	Supplemental Schedule O	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	29	Supplemental XXX/AXXX Reinsurance Exhibit	xxx	EO	xxx	4/1	NAIC	
	30	Trusted Surplus Statement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	
	31	Variable Annuities Supplement	xxx	EO	xxx	4/1	NAIC	
	32	VM 20 Reserves Supplement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	33	Workers' Compensation Carve Out Supplement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	
		<b>Actuarial Related Items</b>						
	34	Actuarial Certification regarding use 2001 Preferred Class Table	xxx	EO	Xxx	3/1 Foreign 3/31 Domestic	Company	
	35	Actuarial Certification Related Annuity Nonforfeiture ongoing Compliance for Equity Indexed Annuities	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	36	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	37	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	38	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	N/A	4/30	Company	B
	39	Actuarial Opinion	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	40	Executive Summary of the PBR Actuarial Report (if VM early adopted)	1	N/A	N/A	4/1	Company	
	41	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	42	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	43	Actuarial Opinion on X-Factors	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	44	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	45	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	46	Life PBR Exemption (formerly Company-wide Exemption)	1	EO	xxx	7/1 AZ Dept. of Insurance 8/15 NAIC	Company	B

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

(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			
	47	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	48	RAAIS required by Valuation Manual	1	N/A	xxx	4/1	Company	C, T
	49	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	
	50	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	
	51	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	
	52	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	
	53	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	
	54	RBC Certification required under C-3 Phase I	xxx	EO	xxx	3/31	Company	
	55	RBC Certification required under C-3 Phase II	xxx	EO	xxx	3/31	Company	
	56	Statement on non-guaranteed elements - Exhibit 5 Int. #3	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
	57	Statement on par/non-par policies – Exhibit 5 Int. 1 & 2	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	
		<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	xxx	EO	N/A	6/1	Company	

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

(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
			State	NAIC	Foreign State			
	82	Audited Financial Reports	xxx	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	B
	84	Communication of Internal Control Related Matters Noted in an Audit	xxx	EO	N/A	8/1	Company	
	85	Independent CPA (Change)	1	N/A	N/A		Company	B
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B, P
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	B
	88	Relief from five-year rotation requirement for lead audit partner	xxx	EO	N/A	3/1	Company	
	89	Relief from one-year cooling off period for independent CPA	xxx	EO	N/A	3/1	Company	
	90	Relief from the Requirements for Audit Committees	xxx	EO	N/A	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	B
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Actuarial Certification of Rates for Small Employer Health Benefits Plans and Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1	State	R
	102	Audited Financial Report Internal Control Filings Transmittal <b>Form E-AFR.IC</b>	1	0	0	8/1	State	B, P
	103	Certificate of Disclosure <b>Form E-178</b>	EO	0	EO	3/1 Foreign 3/31 Domestic	State	Q
	104	Credit Life, Disability, and Unemployment Insurance Experience Report and Credit Property Insurance Experience Report	EO	0	EO	4/1	State	R
	105	Form B, C and F Insurance Holding Company System Registration Statement ****	1	0	N/A	3/31	State	C, S
	106	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	R
	107	Annual Tax and Fees Report and Payment Form E-TAX	EO	0	EO	3/1	State	D
	108	Signed Jurat	EO	0	N/A	3/31 Domestic	NAIC	L
	109	ORSA *****	1	0	N/A	6/30	Company	B, U

## LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

\*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 the 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. 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)

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

<b>NOTES AND INSTRUCTIONS (A-N APPLY TO ALL FILINGS)</b>		
A	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 OR E-mail address: <a href="mailto:AMccormack@azinsurance.gov">AMccormack@azinsurance.gov</a>
B	Electronic Filing Email Address	<a href="mailto:financialfilings@azinsurance.gov">financialfilings@azinsurance.gov</a>
C	Mailing Address:	Arizona Department of Insurance <b>Financial Affairs Division</b> 100 North 15 <sup>th</sup> Avenue, Suite 102 Phoenix, Arizona 85007-2624
D	Electronic filing information for tax and fee reporting and payment:  <b>Premium Tax Due Dates:</b> <b>Due 3/1</b> Annual Tax and Fees Report and Payment  <b>Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15</b> Installment Tax Payments	<b>Insurers must use the NAIC OPTins system (or an OPTins authorized business partner) to report and pay taxes and fees starting January 1, 2018.</b>  Use appropriate form located on our Tax Forms and Instructions web page at <a href="https://insurance.az.gov/insurers/taxes">https://insurance.az.gov/insurers/taxes</a> and the NAIC OPTins System.  <b>Contact Person:</b> Susan Yopez (602) 364-3997 E-mail address: <a href="mailto:SYopez@azinsurance.gov">SYopez@azinsurance.gov</a>
E	Delivery Instructions:	All packages <b>must</b> bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.
F	Late Filings:  License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.	Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the NAIC filing date or the USPS postmark or courier pick-up date as the date filed.
G	Original Signatures:	Follow the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification:	Follow the NAIC Annual Statement Instructions.
I	Amended Filings:	<b>Must</b> be filed within 10 days with explanation. Signature requirements apply.
J	Exceptions from normal filings:	<b>EXEMPTIONS:</b> Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. <b>Must be filed at least 10 days prior to due date.</b> Form F waiver must be filed no later than March 31. <b>Form E-DIRCOMWAIVER.</b>  <b>EXTENSIONS:</b> Approved for a catastrophic event only.  <b>FOREIGN:</b> <b>Must</b> provide a copy of an exemption/extension letter from your state of domicile.

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

K	Bar Codes (State or NAIC)	Follow the NAIC Annual Statement Instructions.
L	Signed Jurat	Follow the NAIC Annual Statement Instructions. <b>Domestic</b> insurers must email a copy of the executed Jurat page to <a href="mailto:financialfilings@azinsurance.gov">financialfilings@azinsurance.gov</a> if it was not submitted to the NAIC.
M	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms <b>must</b> be completed or stamped " <b>None</b> " if there are no entries on the form, and returned as instructed.
N	Filings new, discontinued, or modified materially since last year:	<b>Insurers must use the NAIC OPTins system (or an OPTins authorized business partner) to report and pay taxes and fees starting January 1, 2018.</b>  Form E-176, Form E-478/E-WCA, Form E-AFR, and Form E-MDA have been discontinued.
O	Electronic Filing:	NAIC electronic filing due date for an Arizona domestic company <b>not licensed in any other state is 3/31</b> (ARS §20-234).  <b>XXX in Column 4 Number of Copies Domestic State</b> means that the domestic insurer <b>should</b> file electronically with the NAIC by the due date. <b>A paper filing should not be filed with the Arizona Department of Insurance.</b>
P	Internal Control Filings Transmittal <b>Form E-AFR.IC</b>	<b>Form E-AFR.IC</b> Must be completed and attached to the Internal Control documents filed with us.
Q	Certificate of Disclosure <b>Form E-178</b>	Name the document using this format "E178-NAIC Number-Insurer Name" (e.g. E178-55555-INSURERNAME).  E-mail completed form to <a href="mailto:financialfilings@azinsurance.gov">financialfilings@azinsurance.gov</a> .  <u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day.

**LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS**

R	<p><b><u>Life &amp; Health Section Reports:</u></b></p> <ol style="list-style-type: none"> <li>HIPAA Reports <b>Due 3/1 must</b> be filed if you offer health insurance coverage in the individual market. ARS §20-1382. If NOT REQUIRED, please indicate on form.</li> <li>Actuarial Certification of Rates for Small Employer Health Benefits Plans <b>Due 4/1 must</b> be filed if you are an approved Accountable Health Plan. ARS §20-2311(E).</li> <li>Accountable Health Plan Small Employer Base Premium Rates and Index Rates <b>Due 4/1 must</b> be filed if you are an approved Accountable Health Plan. ARS § 20-2311(G).</li> <li>HCSO Network Adequacy reports per Arizona Administrative Code R20-6-1913 <b>Due semi-annually</b></li> <li>Health Care Insurer Provider Grievance reports per Arizona Revised Statutes § 20-3102(F) <b>Due semi-annually</b></li> <li>Credit Life, Disability, and Unemployment Insurance Experience Report <b>Due 4/1 must</b> be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07.</li> <li>Credit Property Insurance Experience Report <b>Due 4/1 must</b> be filed if you write credit property insurance in Arizona. ARS §20-1621.06.</li> </ol>	<p><b>See the Life &amp; Health Report Filing Instructions available in SERFF for detailed filing instructions.</b></p> <ol style="list-style-type: none"> <li>HIPAA Reports - Use Forms HIPAADATA, HIPAA-I, HIPAA-II and HIPAA-III located at <a href="https://insurance.az.gov/insurers/life-health-forms-rates-compliance/hipaa-data-reporting">https://insurance.az.gov/insurers/life-health-forms-rates-compliance/hipaa-data-reporting</a>.</li> <li>Actuarial Certification of Rates for Small Employer Health Benefits Plans</li> <li>Accountable Health Plan Small Employer Base Premium Rates and Index Rates</li> <li>HCSO Network Adequacy reports</li> <li>Health Care Insurer Provider Grievance reports</li> </ol> <p><b>The forms below are on our website at <a href="https://insurance.az.gov/insurers/property-casualty-forms-rates-compliance/property-casualty-form-rate-filings">https://insurance.az.gov/insurers/property-casualty-forms-rates-compliance/property-casualty-form-rate-filings</a>.</b></p> <ol style="list-style-type: none"> <li>Credit Life, Disability, and Unemployment Insurance Experience Report.</li> <li>Credit Property Insurance Experience Report</li> </ol> <p><b>E-mail the completed Credit Life, Disability, and Unemployment Insurance Experience Report and Credit Property Insurance Experience Report forms to <a href="mailto:propcas@azinsurance.gov">propcas@azinsurance.gov</a>. Name the document in the format described in the form</b></p>
S	<p><b>Form B and C</b> Insurance Holding Company System Registration Statement</p>	<p><b>ARIZONA DOMESTIC COMPANIES ONLY</b></p> <p>See Forms E-185, E-185B, E-185C, E-185D, E-185F, and E-185XD, available on our web site at <a href="https://insurance.az.gov/insurers/licensingregistration/acquisition-holding-company">https://insurance.az.gov/insurers/licensingregistration/acquisition-holding-company</a></p>
T	<p><b>Regulatory Asset Adequacy Issues Summary</b> ARS Title 20, Chapter 3, Article 8. <a href="http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20">http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</a></p>	<p><b>ARIZONA DOMESTICS transacting Life insurance ONLY:</b> Send in envelope stamped or labeled "Confidential". <b>(see Instruction B for mailing address)</b></p>
U	<p>ORSA</p>	<p>File only if applicable. See Arizona Revised Statutes (ARS) § 20-491 through §20-491.07. <b>Exemptions from this filing requirement are located in ARS 20-491.04.</b></p>



## LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

### 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.

**Electronic filing is intended to be filings submitted to the NAIC via the NAIC Internet Filing Site 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 **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 **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement 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 (E) 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 (EX4) 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.**

**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 before submitting a filing.