

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____
 Contact: _____
 REQUIRED FILINGS IN THE STATE OF: ARIZONA

NAIC Company Code: _____
 Telephone: _____
 Filings Made During the Year 2016

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

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			State	NAIC	Foreign State			
	28	Trusted Surplus Statement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	O
	29	Workers' Compensation Carve Out Supplement	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	O
	30	XXX/AXXX Reinsurance Exhibit	xxx	EO	xxx	4/1	NAIC	O
		Actuarial Related Items						
	31	Actuarial Certification Related Annuity Nonforfeiture ongoing Compliance for Equity Indexed Annuities	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	32	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	33	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	34	Actuarial Certification regarding use 2001 Preferred Class Table	xxx	EO	Xxx	3/1 Foreign 3/31 Domestic	Company	O
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	N/A	4/30	Company	
	36	Actuarial Opinion	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	37	Actuarial Opinion on X-Factors	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	40	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	41	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	42	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	43	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	xxx	3/15	Company	
	44	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	O

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			Domestic		Foreign			
			State	NAIC	State			
	45	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	O
	46	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	O
	47	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	O
	48	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	O
	49	RBC Certification required under C-3 Phase I	xxx	EO	xxx	3/31	Company	O
	50	RBC Certification required under C-3 Phase II	xxx	EO	xxx	3/31	Company	O
	51	Statement on non-guaranteed elements - Exhibit 5 Int. #3	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
	52	Statement on par/non-par policies – Exhibit 5 Int. 1 & 2	xxx	EO	xxx	3/1 Foreign 3/31 Domestic	Company	O
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	O
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	O
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	O
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	O
	64	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	O
	65	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	O
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	xxx	EO	N/A	6/1	Company	
	82	Audited Financial Reports	xxx	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in an Audit	1	N/A	N/A	8/1	Company	P
	85	Independent CPA (Change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	P

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			Domestic		Foreign			
			State	NAIC	State			
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	P
	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	90	Relief from one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	91	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	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 Form E-AFR.IC	1	0	0	8/1	State	P
	103	Certificate of Disclosure Form E-178	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	1	0	1	4/1	State	R
	105	Form B, C and F Insurance Holding Company System Registration Statement	1	0	N/A	3/31	State	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	1	0	1	3/1	State	C, D
	108	Regulatory Asset Adequacy Issues Summary	1	0	xxx	3/15	Company	T

*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 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.

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NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)	
A	<p>Required Filings Contact Person:</p> <p>Tony McCormack Administrative Assistant III Phone: (602) 364-3245 OR E-mail address: AMccormack@azinsurance.gov</p>
B	<p>Mailing Address:</p> <p>Arizona Department of Insurance Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p>
C	<p>Mailing Address for Filing Fees:</p> <p>Arizona Department of Insurance Insurance Tax Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Use appropriate form located on our Tax Forms and Instructions web page at https://insurance.az.gov/insurers/taxes and the NAIC OPT^{ins} System.</p> <p style="text-align: center;">YOU MAY ELECTRONICALLY FILE & PAY TAXES AND FEES VIA NAIC OPT^{ins} SYSTEM</p>
D	<p>Mailing Address for Premium Tax Payments:</p> <p>Arizona Department of Insurance InsuranceTax Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p><u>Contact Person:</u> Susan Yepez (602) 364-3997 E-mail address: SYepez@azinsurance.gov</p> <p>Use appropriate form located on our Tax Forms and Instructions web page at https://insurance.az.gov/insurers/taxes and the NAIC OPT^{ins} System.</p> <p style="text-align: center;">YOU MAY ELECTRONICALLY FILE & PAY TAXES AND FEES VIA NAIC OPT^{ins} SYSTEM</p> <p>Premium Tax Due Dates: Annual Tax Payment Due 3/1 Six Installment Tax Payments Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15</p>
E	<p>Delivery Instructions:</p> <p>All packages must bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.</p>
F	<p>Late Filings:</p> <p>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.</p> <p>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.</p>
G	<p>Original Signatures:</p> <p>Follow the NAIC Annual Statement Instructions.</p>

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H	Signature/Notarization/Certification:	Follow the NAIC Annual Statement Instructions.
I	Amended Filings:	Must be filed within 10 days with explanation. Signature requirements apply.
J	Exceptions from normal filings:	<p>EXEMPTIONS: Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. Must be filed at least 10 days prior to due date. Form F waiver must be filed no later than March 31. Form E-DIRCOMWAIVER.</p> <p>EXTENSIONS: Approved for a catastrophic event only.</p> <p>FOREIGN: Must provide a copy of an exemption/extension letter from your state of domicile.</p>
K	Bar Codes (State or NAIC)	Follow the NAIC Annual Statement Instructions.
L	Signed Jurat	Follow the NAIC Annual Statement Instructions.
M	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms must be completed or stamped “None” if there are no entries on the form, and returned as instructed.
N	Filings new, discontinued, or modified materially since last year:	Form E-176, Form E-478/E-WCA, Form E-AFR, and Form E-MDA have been discontinued since last year. Certificate of Disclosure Form E-178 must be filed electronically. See note “Q”.
O	Electronic Filing:	NAIC electronic filing due date for an Arizona domestic company not licensed in any other state is 3/31 (ARS §20-234). XXX in Column 4 Number of Copies Domestic State means that the domestic insurer should file electronically with the NAIC by the due date. A paper filing should not be filed with the Arizona Department of Insurance.
P	Internal Control Filings Transmittal Form E-AFR.IC Communication of Internal Control Related Matters Noted in an Audit must be filed even if NO unremediated material weaknesses were noted (so state).	Form E-AFR.IC Must be completed and attached to the Internal Control documents filed with us.
Q	Certificate of Disclosure Form E-178	Name the document using this format “E178-NAIC Number-Insurer Name” (e.g. E178-55555-INSURERNAME). E-mail completed form to financialfilings@azinsurance.gov . <u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day.

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R	<p><u>Life & Health Section Reports:</u></p> <ol style="list-style-type: none"> 1. HIPAA Reports Due 3/1 2. Credit Life, Disability, and Unemployment Insurance Experience Report Due 4/1 3. Credit Property Insurance Experience Report Due 4/1 4. Actuarial Certification of Rates for Small Employer Health Benefits Plans Due 4/1 5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates Due 4/1 6. HCSO Network Adequacy reports per Arizona Administrative Code R20-6-1913 Due semi-annually 7. Health Care Insurer Provider Grievance reports per Arizona Revised Statutes § 20-3102(F) Due semi-annually <p><i>Call our Life and Health Section at (602) 364-2393 for assistance with these filings.</i></p> <p><u>Mail To:</u> Arizona Department of Insurance Life and Health Section 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018</p>	<ol style="list-style-type: none"> 1. HIPAA Reports (due March 1) <u>must</u> be filed if you offer health insurance coverage in the individual market. ARS §20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III. 2. Credit Life, Disability, and Unemployment Insurance Experience Report (due April 1) <u>must</u> be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07. 3. Credit Property Insurance Experience Report (due April 1) <u>must</u> be filed if you write credit property insurance in Arizona. ARS §20-1621.05 <p>The forms above are on our website at https://insurance.az.gov/insurers/life-health-rates-forms-compliance or https://insurance.az.gov/insurers/property-casualty-rates-forms-compliance.</p> <ol style="list-style-type: none"> 4. Actuarial Certification of Rates for Small Employer Health Benefits Plans (due April 1) <u>must</u> be filed if you are an approved Accountable Health Plan. ARS §20-2311(E). 5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates (due April 1) <u>must</u> be filed if you are an approved Accountable Health Plan. ARS § 20-2311(G).
S	<p>Form B and C Insurance Holding Company System Registration Statement</p>	<p>ARIZONA DOMESTIC COMPANIES ONLY</p> <p>See Forms E-185, E-185B, E-185C, E-185D, E-185F, and E-185XD, available on our web site at https://insurance.az.gov/insurers/licensingregistration/acquisition-holding-company</p>
T	<p>Regulatory Asset Adequacy Issues Summary ARS Title 20, Chapter 3, Article 8. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</p>	<p>ARIZONA DOMESTICS transacting Property or Casualty insurance ONLY: Send in envelope stamped or labeled "Confidential". (see Instruction B for mailing address)</p>

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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 mailing 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.