### LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	NAIC Company Code:	NAIC Company Code:		
Contact:		Telephone:		
REQUIRED FILINGS IN THE STATE OF:	Maryland	Filings Made During the Year 2025		

\*DOMICILED COMPANIES – ALL 2024 ANNUAL STATEMENT AND 2025 QUARTERLY FILINGS ARE PERMITTED TO BE SUBMITTED ELECTRONICALLY. COMPANIES SHOULD RETAIN ONE HARD COPY TO BE FILED WITH THE MARYLAND INSURANCE ADMINISTRATION UPON REQUEST AT A LATER DATE. ELECTRONIC SIGNATURES WILL BE ACCEPTED. PLEASE SEE FILING INSTRUCTIONS BELOW

(1)	(2)	(3)		(4)		(5)	(6)	(7)
CI III	* . "	DESCRIPTION OF THE ADOLE STATE		BER OF CO		DITE DATE	FORM SOURCE**	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome State	NAIC NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
	1	Annual Statement (8 ½"x14")	1	ЕО	vvv	3/1	NAIC	
	1.1	Printed Investment (8 72 X14 )  Printed Investment Schedule detail (Pages E01-E29)	1	EO	XXX	3/1	NAIC	
<del> </del>	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
					XXX			
-	3	Separate Accounts Annual Statement (8 ½"x14")	1	EO	XXX	3/1	NAIC	
ļ		H MALC CHIDDLEMENTS						
	11	II. NAIC SUPPLEMENTS	1	I EO	T	4/1	NAIC	<u> </u>
	11	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1		
	12	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	
	13	Health Supplement	1	EO	XXX	3/1	NAIC	
	14	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	1	ЕО	xxx	4/1	NAIC	
	15	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	16	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	17	Market Conduct Annual Statement Premium Exhibit for Year	1	ЕО	XXX	3/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	19	Medicare Part D Coverage Supplement	1	ЕО	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Risk-Based Capital Report	1	ЕО	XXX	3/1	NAIC	
	21	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	22	Supplemental Compensation Exhibit	XXX	N/A	N/A	3/1	NAIC	
	23	Supplemental Health Care Exhibit (Parts 1 and 2)	1	EO	XXX	4/1	NAIC	
	24		1	EO	1	4/1	NAIC	
	25	Supplemental Investment Risk Interrogatories Supplemental Schedule O		EO	XXX	3/1	NAIC	
	25		1	EU	XXX	3/1	NAIC	
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	1	EO	xxx	4/1	NAIC	
	27	Trusteed Surplus Statement	xxx	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				ı	I.	I.
	31	Actuarial Certification regarding use 2001 Preferred Class Table	1	ЕО	xxx	3/1	Company	
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	ЕО	xxx	3/1	Company	
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	
	34	Actuarial Opinion	1	EO	XXX	3/1	Company	
		Actuarial Opinion on Separate Accounts Funding					1 ,	
	35	Guaranteed Minimum Benefit	1	EO	XXX	3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	37	Actuarial Opinion on X-Factors	1	ЕО	xxx	3/1	Company	

(1)	(2)	(3)		(4)		(5)	(6)	(7)
` '				BER OF CO		` '	FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome State	NAIC NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	ЕО	xxx	3/1	Company	
	39	Request for Life PBR Exemption (if applicable)	1	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	
	40	Executive Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	
	41	Life Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	
	42	Variable Annuities Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	
	43	PBR Actuarial Report (provide upon request)	1	N/A	XXX		Company	
	44	RAAIS required by Valuation Manual	1	N/A	XXX	4/1	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	ЕО	XXX	3/1,5/15, 8/15, 11/15	Company	
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	
	50	RBC Certification required under C-3 Phase I	1	EO		3/1	Company	
	51	RBC Certification required under C-3 Phase II	1	EO		3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	ЕО		3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO		3/1	Company	
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	ЕО	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	
		IV. AUDIT/INTERNAL						
<b>—</b>	81	CONTROL RELATED REPORTS Accountants Letter of Qualifications	1	ЕО	vvv	6/1	Company	
-	82	Audited Financial Reports	1	EO	XXX	6/1	Company	
<b>-</b>	83	Audited Financial Reports Exemption Affidavit	1	N/A	XXX	U/ 1	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	XXX	8/1	Company	
	85	Independent CPA (change)	1	N/A	XXX		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	XXX	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	XXX		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	ЕО	XXX	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	ЕО	XXX	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	ЕО	XXX	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	XXX		Company	
<u> </u>	1	or internal Control Over I manetal Reporting				I	l	

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(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
	101	V. STATE REQUIRED FILINGS  Corporate Governance Annual Disclosure*** (see NOTES and INSTRUCTIONS below)	1	0	xxx	6/1	Company	Refer to Title 4, Subtitle 5 of the Insurance Article
	102	Holding Company Registration Statement (Forms B&C) (see NOTES and INSTRUCTIONS below)	1	0	xxx	5/1	State	Refer to Section 7- 601 of Insurance Article
	103	Insurance Holding Company System Model Regulation, Form F, Enterprise Risk Report (Model 450-27) (see NOTES and INSTRUCTIONS below)	1	0	xxx	7/1	State	Refer to Section 7- 603(h) of the Insurance Article
	104	ORSA****	1	0	xxx		Company	Refer to Title 32 of Insurance Article
	105	Premium Tax Statement	1	0	1	3/15	State	6-102 of the Insurance Article  ANNUAL PREMIUM TAX STATEMEN T FILINGS: IT IS RECOMMEN DED THAT COMPANIES FILE THROUGH OPTINS. PLEASE SEE MIA WEBSITE FOR FURTHER INSTRUCTI ONS.  premiumtaxfil ing.mia@mar yland.gov
	106	Annual Assurance Statement (see NOTES and INSTRUCTIONS below)	1	0	xxx	3/1	Company	Filing added by State
	107	Segregation Plan (see NOTES and INSTRUCTIONS below)	1	0	xxx	3/1	Company	Filing added by State
	108	Certificate of Compliance for Advertising	1	0	1	3/1	State	https://maryla ndinsurance.j otform.com/2 33413921219 047 Certificates of Compliance for Advertising – Advertisemen ts of All Insurance Contracts Which Include Any Accident, Sickness, Hospital, Surgical or Medical Coverages COMAR 31.15.02.18

(1) Checklist	(2) (3) Line # REQUIRED FILINGS FOR THE ABOVE STATE		(4) NUMBER OF COPIES* Domestic Foreign		(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES	
Checklist	Line #	REQUIRED TIEINOS FOR THE ABOVE STATE	State	NAIC	State	DOL DATE	SOURCE	NOTES
	109	Group Capital Calculation (File with lead state only)	1	0	0	5/1	State	§ 7-603 Bulletin 24- 17 Annual Group Capital Calculation
	110							
	111							
	112							
	113							

<sup>\*</sup>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).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>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: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>.

<sup>\*\*\*\*</sup>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: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

<sup>\*\*\*\*\*</sup>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: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

	NOTES AND INSTRUCTIONS	
	Required Filings Contact Person:	
٨	Attn: Lynn Beckner	
A	holdingcompanyfiling.mia@maryland.gov	
	INSTRUCTIONS FOR DOMESTIC COMPANIES	
	Electronic Filing Instructions:	
	Completed Annual Statement, Quarterly Statement and related	
	supplemental filings should be submitted to the Maryland	
Б	Insurance Administration via email at:	
В	eafilings.mia@maryland.gov	
	Holding company filings (Forms A, B, C, D, E, F, and Corporate	
	Governance Annual Disclosure) should be submitted to the	
	Maryland Insurance Administration via email	
	at: holdingcompanyfiling.mia@maryland.gov	
	INSTRUCTIONS FOR DOMESTIC COMPANIES	
	Electronic Signatures:	
	Electronic filings should contain electronic signatures	
	The MIA generally instructs companies to file certain documents	
	in hard copy form with original (wet) signature, and in some cases	
	sent via certified mail or first-class and with notary requirements.	
С	The hard copy, original (wet) signature, and related filing	
C	requirements are currently waived, however, companies are	
	expected to file the documents electronically. The electronic	
	filing should contain electronic signatures. The companies should	
	retain a hard copy so that they can file the hard copy, at a later	
	date if requested by the Maryland Insurance Administration. With	
	respect to the hard copies to be filed, the requirement for wet	
	signatures is waived.	
	Mailing Address:	
	Examination & Auditing Unit	
Б	Maryland Insurance Administration	
D	200 St. Paul Place	
	Suite 2700	
	Baltimore, MD 21202	
	Mailing Address for Filing Fees:	
	Maryland Insurance Administration	
_	Attn: Shanell Hurt Franklin or Spencer Harris	
E	Fiscal Unit	
	Suite 2700	
	200 St. Paul Place	
	Baltimore, MD 21202	
	Mailing Address for Premium Tax Payments: Maryland Insurance Administration	
	Attn: Shanell Hurt Franklin or Spencer Harris	
F	Fiscal Unit	
-	Suite 2700	
	200 St. Paul Place	
	Baltimore, MD 21202	
C	Delivery Instructions:	
G	Electronic postmark on or before due date	
п	Late Filings:	
Н	Subject to penalty and interest	

	Original Signatures:	Domestic insurers – electronic
I	Yes	signatures will be accepted for all
		filings.
	Signature/Notarization/Certification:	Domestic insurers –
J	Yes	Notarization/Certification should be electronic, if possible.
	Amended Filings:	ciectionic, ii possible.
K	Yes	
L	Exceptions from normal filings:	
 	Approval must be in writing	
M	Bar Codes (State or NAIC): NAIC	
	Signed Jurat:	Signed Jurat page is no longer
		required for foreign insurers.
N		Domestic insurers – Jurat page should
		contain electronic signatures, if possible.
	NONE Filings:	possiore.
О	Yes	
P	Filings new, discontinued or modified materially since last year: Yes, electronic filings only	
D	Line 103, Insurance Holding Company System Model Regulation,	Refer to Section 7-603(h) of the
R	Form F, Enterprise Risk Report (Model 450-27)	Insurance Article.
		Refer to MIA Bulletin 13-24 at
		http://insurance.maryland.gov/Insurer/
		Documents/bulletins/bulletin-13-24-
		nelson-amendment-073113.pdf and "Reports Due from Regulated Entities
		to the Maryland Insurance
		Administration" found on the MIA
		website at
R	Line 106, Requirement for Issuers of QHPs in Maryland: Annual	http://insurance.maryland.gov/Insurer/
K	Assurance Statement, MIA Bulletin 13-24	Pages/CompanyFilingRequirements.a
		spx, under Summary of Maryland
		Required Filings
		Filings should be submitted to the
		Maryland Insurance Administration
		via email at:
		eafilings.mia@maryland.gov
		Refer to MIA Bulletin 13-24 at
		http://insurance.maryland.gov/Insurer/
		Documents/bulletins/bulletin-13-24-
		nelson-amendment-073113.pdf and
		"Reports Due from Regulated Entities
		to the Maryland Insurance Administration" found on the MIA
	1. 107 D	website at
S	Line 107, Requirement for Issuers of QHPs in Maryland:	http://insurance.maryland.gov/Insurer/
	Segregation Plan, MIA Bulletin 13-24	Pages/CompanyFilingRequirements.a
		spx, under Summary of Maryland
		Required Filings
		Filings should be submitted to the
		Maryland Insurance Administration
		via email at:
		eafilings.mia@maryland.gov

S	Additional Questions:	Refer to "Reports due from Regulated entities to the Maryland Insurance Administration" found on the Mia website at <a href="http://insurance.maryland.gov/Insurer/Pages/companyfilingRequirements.as">http://insurance.maryland.gov/Insurer/Pages/companyfilingRequirements.as</a> <a href="mailto:px">px</a> under Summary of Maryland Required Filings

# 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 filing(s) 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 **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.

# 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.