

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 BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH 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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	15	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	16	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	17	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	18	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	19	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	21	Supplemental Compensation Exhibit	xxx	N/A	N/A	3/1	NAIC	
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	23	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	
	24	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	25	Supplemental Schedule O	2	EO	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	2	EO	xxx	4/1	NAIC	
	29	VM 20 Reserves Supplement	2	EO	xxx	3/1	NAIC	
	30	Workers' Compensation Carve-Out Supplement	2	EO	xxx	3/1	NAIC	
Actuarial Related Items								
	31	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1	Company	
	33	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	34	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	2	N/A	xxx	4/30	Company	
	36	Actuarial Opinion	2	EO	xxx	3/1	Company	
	37	Executive Summary of the PBR Actuarial Report (if VM early adopted)	2	N/A	xxx	4/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	
	40	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	

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	43	Life PBR Exemption (formerly Companywide Exemption)	2	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	
	44	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	45	RAAIS required by <i>Valuation Manual</i>	1	N/A	xxx	4/1	Company	
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	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	
	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	
	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	
	51	RBC Certification required under C-3 Phase I	2	EO	xxx	3/1	Company	
	52	RBC Certification required under C-3 Phase II	2	EO	xxx	3/1	Company	
	53	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	
	54	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	xxx	3/1	Company	
					xxx			
		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	
	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 CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	xxx	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	xxx	N/A	xxx		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	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	xxx		Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure	1	0	xxx	6/1	Company	Refer to Title 4, Subtitle 5 of the Insurance Article

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	102	Holding Company Registration Statement (Forms B&C)	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)	1	0	xxx	7/1	Company	Refer to Section 7-603(h) of the Insurance Article
	104	ORSA	1	0	xxx		NAIC	Refer to Title 32 of Insurance Article
	105	Premium Tax	1	0	1	3/15	State	6-102 of Insurance Article
	106	Annual Assurance Statement	1	0	xxx	3/1	Company	Filing added by State
	107	Segregation Plan	1	0	xxx	3/1	Company	Filing added by State
	108	Certificate of Compliance for Advertising	1	0	1	3/1	Company	Email coca.mia@maryland.gov. Contact person Salama Karim-Camara 410-468-2393
<p>For additional state filing requirements and contacts, please refer to “Reports due from Regulated Entities to the Maryland Insurance Administration” found on the MIA website at http://insurance.maryland.gov/Insurer/Pages/companyFilingRequirements.aspx, under Summary of Maryland Required filings</p> <p>Under § 6-203 of the Insurance Article, Annotated Code of Maryland, the Fraud Prevention Fee for fraternal benefit societies will vary based on premium levels.</p> <p>(a) Insurers and other entities -- For each insurer, health maintenance organization, nonprofit health service plan, fraternal benefit society, or any entity operating in the State under the regulatory jurisdiction of the Commissioner other than a premium finance company, a fraternal benefit society that collected less than \$ 75,000 in premiums in the preceding calendar year, or a motor club, the fraud prevention fee shall be:</p> <p>(1) \$ 1,000;</p>								

***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.**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person: Lynn Beckner (410) 468-2126 lynn.beckner@maryland.gov	
	B	Mailing Address: Examination & Auditing Unit Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202	
	C	Mailing Address for Filing Fees: Attn: Rauf Ibatulin Maryland Insurance Administration Suite 2700 200 St. Paul Place Baltimore, MD 21202	
	D	Mailing Address for Premium Tax Payments: Attn: Rauf Ibatulin Maryland Insurance Administration Suite 2700 200 St. Paul Place Baltimore, MD 21202	
	E	Delivery Instructions: Postmark on or before due date	
	F	Late Filings: Subject to penalty and interest	
	G	Original Signatures: Yes	
	H	Signature/Notarization/Certification: Yes	
	I	Amended Filings: Yes	
	J	Exceptions from normal filings: Approval must be in writing	
	K	Bar Codes (State or NAIC): NAIC	
	L	Signed Jurat:	Signed Jurat page is no longer required for foreign insurers. Refer to "Reports Due from Regulated Entities to the Maryland Insurance Administration" found on the MIA website at http://insurance.maryland.gov/Insurer/

			Pages/CompanyFilingRequirements.a spx, under Summary of Maryland Required Filings
	M	NONE Filings: Yes	
	N	Filings new, discontinued or modified materially since last year: No	
	O	Line 106, Requirement for Issuers of QHPs in Maryland: Annual Assurance Statement, MIA Bulletin 13-24	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 http://insurance.maryland.gov/Insurer/ Pages/CompanyFilingRequirements.a spx, under Summary of Maryland Required Filings.
	P	Line 103, Insurance Holding Company System Model Regulation, Form F, Enterprise Risk Report (Model 450-27)	Refer to Section 7-603(h) of the Insurance Article.
	Q	Line 107, Requirement for Issuers of QHPs in Maryland: Segregation Plan, MIA Bulletin 13-24	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 http://insurance.maryland.gov/Insurer/ Pages/CompanyFilingRequirements.a spx, under Summary of Maryland Required Filings