

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2017

| (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") | | | Signed Jurat Pg | 3/1 | NAIC | L & M |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | | | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | | | xxx | 5/15, 8/15, 11/15 | NAIC | M |
| | 3 | Separate Accounts Annual Statement (8 1/2"x14") | | | xxx | 3/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | | | xxx | 4/1 | NAIC | |
| | 12 | Analysis of Annuity Operations by Lines of Business | | | xxx | 4/1 | NAIC | |
| | 13 | Analysis of Increase in Annuity Reserves During Year | | | xxx | 4/1 | NAIC | |
| | 14 | Credit Insurance Experience Exhibit | | | xxx | 4/1 | NAIC | |
| | 15 | Interest Sensitive Life Insurance Products Report | | | xxx | 4/1 | NAIC | |
| | 16 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | | | xxx | 4/1 | NAIC | |
| | 17 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | | | xxx | 4/1 | NAIC | |
| | 18 | Long-term Care Experience Reporting Forms | | | xxx | 4/1 | NAIC | |
| | 19 | Management Discussion & Analysis | | | xxx | 4/1 | Company | V |
| | 20 | Medicare Supplement Insurance Experience Exhibit | | | xxx | 3/1 | NAIC | |
| | 21 | Medicare Part D Coverage Supplement | | | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 22 | Risk-Based Capital Report | | | xxx | 3/1 | NAIC | R |
| | 23 | Schedule SIS | | | N/A | 3/1 | NAIC | |
| | 24 | Supplemental Compensation Exhibit | | | N/A | 3/1 | NAIC | |
| | 25 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | | | xxx | 4/1 | NAIC | |
| | 26 | Supplemental Health Care Exhibit's Allocation Report | | | xxx | 4/1 | NAIC | |
| | 27 | Supplemental Investment Risk Interrogatories | | | xxx | 4/1 | NAIC | |
| | 28 | Supplemental Schedule O | | | xxx | 3/1 | NAIC | |
| | 29 | Supplemental XXX/AXXX Reinsurance Exhibit | | | xxx | 4/1 | NAIC | |
| | 30 | Trusted Surplus Statement | | | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 31 | Workers' Compensation Carve-Out Supplement | | | xxx | 3/1 | NAIC | |
| ACTUARIAL RELATED ITEMS | | | | | | | | |
| | 32 | Actuarial Certification regarding use 2001 Preferred Class Table | | | xxx | 3/1 | Company | |
| | 33 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | | | xxx | 3/1 | Company | |
| | 34 | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII | | | xxx | 3/1 | Company | |
| | 35 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | | | xxx | 3/1 | Company | |
| | 36 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | | | xxx | 4/30 | Company | |
| | 37 | Actuarial Opinion | | | xxx | 3/1 | Company | |
| | 38 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | | | xxx | 3/1 | Company | |
| | 39 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | | | xxx | 3/1 | Company | |
| | 40 | Actuarial Opinion on X-Factors | | | xxx | 3/1 | Company | |
| | 41 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | | | xxx | 3/1 | Company | |
| | 42 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | | | xxx | 3/1 | Company | |
| | 43 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | | | xxx | 3/1 | Company | |
| | 44 | RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) | | | xxx | 3/15 | Company | |
| | 45 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | | | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 46 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | | | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |

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|---|---------------|--|--------------------------|------|---------|-----------------------|----------------------|-------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| ACTUARIAL RELATED ITEMS (CONTINUED) | | | | | | | | |
| | 47 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | | | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 48 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | | | 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 | | | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 50 | RBC Certification required under C-3 Phase I | | | xxx | 3/1 | Company | |
| | 51 | RBC Certification required under C-3 Phase II | | | xxx | 3/1 | Company | |
| | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | | | xxx | 3/1 | Company | |
| | 53 | Statement on par/non-par policies - Exhibit 5 Int. 1&2 | | | xxx | 3/1 | Company | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 61 | Annual Statement Electronic Filing | | | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | | | xxx | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | | | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | | | N/A | 3/1 | NAIC | |
| | 65 | Separate Accounts Electronic Filing | | | xxx | 3/1 | NAIC | |
| | 66 | Separate Accounts .PDF Filing | | | xxx | 3/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | | | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | | | xxx | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | | | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | | | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | June .PDF Filing | | | xxx | 6/1 | NAIC | |
| IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | | | |
| | 81 | Accountants Letter of Qualifications | | | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | | | xxx | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | | | N/A | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | | | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | | | N/A | | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | | | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | | | N/A | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | | | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | | | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | | | xxx | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control over Financial Reporting | | | N/A | | Company | |
| V. STATE REQUIRED FILINGS*** | | | | | | | | |
| | 105 | Form B & C - Insurance Holding Company System Annual Registration Statement | | | xxx | 6/1 | State | X |
| | 106 | Form F - Enterprise Risk Report*** | | | xxx | 6/1 | State | Y |
| | 107 | ORSA**** | | | | | | |
| | 108 | Premium Tax: DO NOT send with Annual Statement filing. | | | | | State | D & T |
| | 109 | State Filing Fees (Included with Premium Tax Report): DO NOT send with Annual Statement filing. | | | | | State | C & S |
| | 110 | Signed Jurat (Refer to Line 1) | | | EO | | NAIC | |

*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

****For those states that have adopted the NAIC updated 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. Consistent with the Form B filing requirements, 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

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)

| | | |
|---|---|---|
| A | Required Filings Contact Person: | ANNUAL STATEMENT: Michelle Svaby, BERG@state.de.us or (302)674-7330 PREMIUM TAXES: DOI_PremiumTaxes@state.de.us or (302) 674-7383 |
| B | Mailing Address: | ATTN: BERG, 841 Silver Lake Boulevard, Dover, DE 19904 |
| C | Mailing Address for Filing Fees: | Fees are included in the calculation of premium taxes. DO NOT send the fee payment with the Annual Statement. |
| D | Mailing Address for Premium Tax Payments: | All companies are encouraged to use OPTins to file Premium Taxes and fees electronically. Website: https://login.optins.org/optins-static/index.html or call (816) 783-8990. If not using OPTins, use mailing address in Note B above. DO NOT include Premium Tax forms & payment in the annual statement package. |
| E | Delivery Instructions: | Physically in office on or before due date at address in Note B. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. |
| F | Late Filings: | May be subject to a \$100/day (per company) administrative penalty for late or incomplete filing per 18 Del. C. §526a. Company's license may be suspended if the annual statement is received more than 30 days late. |
| G | Original Signatures: | Required on all domestic and foreign. |
| H | Signature/Notarization/Certification: | OFFICERS TO SIGN: President, Treasurer & Secretary |
| I | Amended Filings: | File within 10 days of amendment with explanation for the original filing and same should be followed for any amendment. |
| J | Exceptions from normal filings: | DOMESTIC: Apply at least 30 days prior to due date with written explanation. FOREIGN: Apply 10 days prior to due date (received). |
| K | Bar Codes (State or NAIC): | NAIC Annual Statement Instructions (ASI). INABILITY TO READ BARCODE: Document is considered not received. |
| L | Signed Jurat: | Signatures are required on all Jurat pages submitted. FOREIGN: Email PDF of signed Jurat page to DOI_AnnualStatement@state.de.us Foreign companies are not required to file Quarterly Statements. |
| M | NONE Filings: | NAIC ASI for Supplemental Interrogatories. Exceptions to these instructions are noted on the form. |
| N | Filings new, discontinued or modified materially since last year: | No longer required: Certificate of Deposit, Certificate of Valuation & Certificate of Compliance. |
| P | Designation of CPA: | Send if information changes. |
| Q | Combined Statements: | Send if requested. |
| R | Audited Financial Report & Risk Based Capital Report: | FOREIGN: Send if requested |
| S | Statement Filing Fees: | Attach to Premium Tax report. |
| T | Premium Tax report and payment: | Includes statement filing fees. |
| V | CD Rom in .pdf format must contain the following information: <ul style="list-style-type: none"> • Complete Company Name • NAIC Number • Filing Period • Listing of Documents Included | PENALTY: A fine of \$100.00 per day for late or improperly submitted statement filings. |
| X | Form B & C - Insurance Holding Company System Annual Registration Statement | FEE: \$50.00 per Holding Company Group |
| Y | Form F - A Form F filing is required annually by holding company groups. | FEE: None 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: 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 |

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 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 *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 before submitting a filing.