FRATERNAL SOCIETIES

COMPANY NAM	E:
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NAIC Company Code:

Contact: _______Telephone: ________Telephone: ________Telephone: ________Telephone: ________Telephone: ________Telephone: _______Telephone: _________Telephone: _________Telephone: _________Telephone: ________Telephone: ________Telephone: __________Telephone: _________Telephone: _________Telephone: ________Telephone: _________Telephone: ________Telephone: _________Telephone: ________Telephone: ________Telephone: ________Telephone: ________Telephone: _________Telephone: ________Telephone: ________Telephone: _______Telephone: ______Telephone: ______Telephone: ______Telephone: _____Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: ______Telephone: _

(1)	(2)	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic Foreign			(5) DUE DATE	(6) FORM	(7) APPLICABLE
Checklist	Line #						SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS				•		•
	1	Annual Statement (8 1/2"x14")	1	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ¹ / ₂ " x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x 14")	1	EO	XXX	3/1	NAIC	
		II. NAIC SUPPLEMENTS				•	•	•
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	11	Analysis of Annuity Operations by Lines of Business	1	EO	XXX	4/1	NAIC	
	12	Analysis of Increase in Annuity Reserves During Year	1	EO	XXX	4/1	NAIC	
	13	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1	NAIC	
	14	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	
	15	Interest Sensitive Life Insurance Products Report	1	EO	XXX	4/1	NAIC	
	16	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	17	Long-Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	18	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
-	19	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	T
-	20	Medicare Part D Coverage Supplement	1	EO	XXX	3/1 ,5/15, 8/15,	NAIC	T
						11/15		
	21	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	22	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	23	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	24	XXX/AXXX Reinsurance Exhibit	1	EO	XXX	4/1	NAIC	
		Actuarial Related Items						
	25	Actuarial Certification Related Annuity Nonforfeiture	1		XXX			
		Ongoing Compliance for Equity Indexed Annuities		EO		3/1	Company	
	26	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	
	27	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	
	28	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	XXX	3/1	Company	
	29	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	vvv	4/30	Company	
	30	Actuarial Opinion	1	EO	XXX XXX	3/1	Company	+
	30	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	
	32	Actuarial Opinion on Separate Accounts Funding	1	LO	XXX	5/1	Company	
		Guaranteed Minimum Benefit	1	EO	~~~	3/1	Company	
	33	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	XXX	3/1	Company	
	34	Actuarial Opinion required by Modified Guaranteed	1		XXX			
		Annuity Model Regulation	-	EO		3/1	Company	
	35	Financial Officer Certification Related to Clearly Defined	1	1	XXX		F	1
		Hedging Strategy required by Actuarial Guideline XLIII		EO		3/1	Company	
	36	Management Certification that the Valuation Reflects	1		XXX			
37		Management's Intent required by Actuarial Guideline						
		XLIII		EO		3/1	Company	
	37	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	
	39	Reasonableness of Assumptions Certification for Implied	1	1	1			
		Guaranteed Rate Method required by Actuarial Guideline XXXVI	-	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	40	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15,	Company	

				-	-			-
	41	Reasonableness & Consistency of Assumptions	1					
		Certification required by Actuarial Guideline XXXVI		EO	XXX	3/1, 5/15, 8/15,	Company	
		(Updated Market Value)				11/15		
	42	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	
	43	RBC Certification required under C-3 Phase II	1	EO	XXX	3/1	Company	
	44	Statement on non-guaranteed elements – Exhibit 5 Int. #3	1	EO	XXX	3/1	Company	
	45	Statement on participating/non-participating policies –	1	EO	XXX	3/1	Company	
	75	Exhibit 5, Inter. #1&2	1	LO	ллл	5/1	Company	
	46	RAAIS required by Actuarial Opinion and Memorandum	1					
	40		1	N/A		3/15	Company	
		Regulation (Model 822), Section 7A(5)		IN/A	XXX	5/15	Company	
		III. ELECTRONIC FILING REQUIREMENTS		1	1			
	60	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	61	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	64	Separate Accounts Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	65	Separate Accounts .PDF Filing		EO	XXX	3/1	NAIC	
├ ──	66		XXX	EO		4/1	NAIC	+
		Supplemental Electronic Filing	XXX		XXX			+
L	67	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
L	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	1	EO	N/A	6/1	Company	1
	82	Audited Financial Reports	1	EO		6/1	Company	
				-	XXX	0/1	1 2	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	_
	84	Communication of Internal Control Related Matters	1					
		Noted in Audit		N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial	1					
		Reporting		N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from the five-year rotation requirement for lead	1		XXX			
	07	audit partner	1	EO	ллл	3/1	Company	
	90		1	LO		5/1	Company	
	90	Relief from the one-year cooling off period for independent CPA	1	FO	XXX	3/1	C	
	01		1	EO			Company	
	91	Relief from the Requirements for Audit Committees	1	EO	XXX	3/1	Company	
L								
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	1	0	XXX		State	
	102	Certificate of Deposit	1	0	XXX		State	
	103	Certificate of Valuation	1	0	XXX		State	
	103	Filings Checklist (with Column 1 completed)	1	0	XXX	1	State	1
<u> </u>	104	Premium Tax	1	0	1		State	Contact
	105		1	0	1		State	Donna.Arc
1								and@ins.nh
1								<u>.gov</u> for
L							-	more info
1	106	State Filing Fees	1	0	1		State	Contact
								Donna.Arc
								and@ins.nh
1								<u>.gov</u> for
								more info
	107	Signed Jurat	XXX	0	XXX		NAIC	
H	108			-		1		
1	100							
	108							

*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 <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: http://www.naic.org/public_lead_state_report.htm

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Domestic – Mary VervilleMary.Verville@ins.nh.gov,Jewell Christopher.Jewell@ins.nh.gov,Larry Lucas Larry.Lucas@ins.nh.govForeign – Mary VervilleMary.Verville@ins.nh.govTaxes – Donna ArcandDonna.Arcand@ins.nh.gov
В	Mailing Address:	21 South Fruit Street, Suite 14, Concord NH 03301
С	Mailing Address for Filing Fees:	21 South Fruit Street, Suite 14, Concord NH 03301 ATTN: Donna Arcand
D	Mailing Address for Premium Tax Payments:	21 South Fruit Street, Suite 14, Concord NH 03301 ATTN: Donna Arcand
E	Delivery Instructions:	Premium Taxes must be mailed separately from Annual Statement filings. Postmark is accepted
F	Late Filings:	Taxes – contact Donna Arcand Annual Statement – company will be fined \$25 per day for a late filing. Company's license may be suspended.
G	Original Signatures:	Original signatures required on all filings from domestic companies. Tax forms must have original signatures
Н	Signature/Notarization/Certification:	Annual Statements and Premium Tax form must be notarized
Ι	Amended Filings:	
J	Exceptions from normal filings:	Domestic companies should apply at least 30 days prior to the due date to receive any exemption or extension
K	Bar Codes (State or NAIC):	N/A
L	Signed Jurat:	Original signatures required on all filings from domestic companies.
М	NONE Filings:	iningo ironi comosto companios.
N	Filings new, discontinued or modified materially since last year:	

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.

<u>Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site</u> 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 investments schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March* .*PDF Filing* is .pdf files 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 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 supplements 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 (generally, on its website). 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.

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