

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2012

(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")	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"x14")	1	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	
	15	Actuarial Opinion	1	EO	xxx	3/1	Company	
	16	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	
	20	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	
	22	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	26	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	27	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	30	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	32	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	40	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	41	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	
	42	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	
	45	Statement on par/non-par policies - Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	

46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
47	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
48	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
49	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS							
50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
72	Audited Financial Reports	1	EO	xxx	6/1	Company	
73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
75	Independent CPA (change)	1	N/A	N/A		Company	
76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
78	Request for Exemption to File	1	N/A	N/A		Company	
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
V. STATE REQUIRED FILINGS							
101	State Filing Fees – Fee Statement	1	N/A	1	3/1	State	Electronic payment of \$700.00
102	Certificate of Compliance	N/A	N/A	1	3/1	State	
103	Certificate of Deposit	N/A	N/A	1	3/1	State	
104	Certificate of Valuation	N/A	N/A	1	3/1	State	
105	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
106	GID-10	1	N/A	1	3/1	State	
107	GID-11	1	N/A	1	3/1	State	
108	GID-16	1	N/A	xxx	3/1	State	
109	GID-18 (If applicable)	1	N/A	xxx	3/1	State	
110	GID-3	1	N/A	1	3/1	State	Must be an individual.
111	Signed Jurat	1	N/A	xxx	3/1	NAIC	
112	List of General Officers (GID-251-RS)	1	N/A	1	3/1	State	
113	Holding Company Registration Statement	1	N/A	N/A	4/30	State	
114	GID-276-EN	1	N/A	1	3/1	State	

*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:	Bruce Williamson, Information and Referral Specialist Regulatory Services Division (404) 657-9205 bwilliamson@oci.ga.gov
	B	Mailing Address (only applicable for DOMESTIC Insurers):	Georgia Department of Insurance Regulatory Services Division 2 Martin Luther King Jr., Drive West Tower, Suite 604, Atlanta, GA 30334
	C	Mailing Address for Filing Fees (only applicable for DOMESTIC Insurers):	Same as item "B"
	D	Mailing Address for Premium Tax Payments:	Georgia Department of Insurance Premium Tax Division 2 Martin Luther King Jr., Drive West Tower, Suite 916, Atlanta, GA 30334
	E	Delivery Instructions for DOMESTIC Insurers :	<p>All DOMESTIC annual statement and renewal filings must be mailed. Acceptable delivery methods include U.S. Mail, FedEx, UPS, Airborne Express, etc. Our office will not accept hand deliveries. Each licensed company within a holding company system of multiple Georgia-licensed companies must file separate packets for each licensed company clearly marked with the licensed company name and NAIC number. In the event the office is closed on the due date, the filing is due the next business day.</p> <p><u>The renewal fee is \$700 and must be paid electronically.</u> Payment of the renewal fees is a bank to bank transaction accomplished thru an electronic funds transfer (ACH) outside of the "Company Portal". The Department's banking information for the electronic funds transfer is confidential. To have access to the Department's banking information, each company will submit via "Company Portal" an "Official EFT (ACH) Request" by January 1, 2012. Instructions for the "Official EFT (ACH) Request" can be found within the "Company Portal" in the "Go to: Official EFT (ACH) Request" web page. Instructions will direct you to a form that you need to fill in, scan the form in "PDF" format and upload the scanned file to the "Official EFT (ACH) Request" section of the "Company Portal". We will review your request and notify you of the results of the review.</p> <p>Once authorization to use the Department's banking information is granted the Company can pay the renewal fees. Please note that a copy of the document confirming the funds transfer is required to be submitted along with the "Annual Renewal" filing for proof of payment (see "Fee Statement" form for further detail).</p>
	F	Delivery Instructions for FOREIGN Insurers :	<p>All FOREIGN Insurers must submit annual renewal filings as well as their renewal fee in the amount of \$700 electronically.</p> <p>Annual renewal filings are to be submitted in "PDF" format via the "Company Portal" located on the Department's website, www.oci.ga.gov. See the Commissioner's Directive 09-RS-1. Each Insurer has one or more individuals that have been designated as the Company Portal account manager(s). To locate the Company Portal account manager(s) for your Company, if they are not already known, go to the Company Portal located within the "Insurers Home" section of the website's home page and follow instructions.</p>

		<p>The renewal package is available through the website in two separate locations: (1) in the Company Portal; and (2) on the “Insurers Home” page under the link “Insurer Renewal Instructions and Forms”. Complete the required renewal documents and then print for all necessary signatures, notarizations and attachment(s). <u>NOTE: An added feature of our electronic forms is that they are interactive forms which may be completed on-line prior to printing for signatures and notarizations.</u> In the “State Required Filings” section of this checklist, there is a listing of documents required which will then need to be scanned into one document and uploaded into the “Annual Renewal” section of the Company Portal. <u>NOTE: Any hard copies of annual filings received by the Department will not be accepted and will be returned to sender.</u></p> <p>As mentioned earlier, the Certificate of Authority renewal fee is \$700 and must be paid electronically. Electronic payment of the renewal fees is a bank to bank transaction accomplished by an electronic funds transfer (EFT) outside our website’s Company Portal. The Department’s banking information for the electronic funds transfer is confidential and each Company must request access to this information. To request authorization to access the Department’s banking information you will need to follow these steps: (1) Access our website at www.oci.ga.gov; (2) In the upper left-hand corner of the home page, using the drop-down box, go to the “Official EFT (ACH) Request” web page, where you will find instructions for completing the required form; (3) Complete the form, scan the form into a PDF format and upload the scanned file to the “Official EFT (ACH) Request” section of the Company Portal by <u>January 15, 2012.</u> Upon receipt of the request, we will review it and notify you of the Department’s decision. <u>Once authorization to access the banking information is granted, it is granted perpetually unless revoked by our Department.</u></p>	
	G	Late Filings:	Filings are due in our office on the date indicated. Late or incomplete filings may be subject to administrative action including fines. (Reg 120-2-18-11)
	H	Original Signatures:	All Filings shall have original signatures from the appropriate individuals. If you are a FOREIGN Insurer filing electronically the scanned file of documents with original signatures is acceptable.
	I	Signature/Notarization/Certification:	All appropriate shall be signed, notarized and/or certified. If you are a FOREIGN Insurer filing electronically the scanned file of documents with original signatures is acceptable.
	J	Amended Filings:	Amended filings shall be submitted to the appropriate division of the department as soon as the amendment(s) become available.
	K	Exceptions from normal filings:	All Life Companies, if applicable, the Listing of Exempt filings, per GA Reg. §120-2-25-.04, and/or the Small Group Pooling Certification, per GA Reg. §120- 2-10-.12(9) should be sent to the Forms and Rates Division, Rm. 604, Attn: Tom Carswell. Life and/or Accident Sickness Advertising Certificates, per GA Regs. §120-2-11-.11 and 120-2-12-.19 should be sent to the Forms and Rates Division, Rm. 604, Attn: Tom Carswell with a fee of \$25 per filing.
	L	Bar Codes (State or NAIC):	N/A

	M	Signed Jurat:	Required for Domestic Only
	N	NONE Filings:	N/A
	O	Filings new, discontinued or modified materially since last year:	Information contained in the new GID-251-RS will be viewed as confidential.

**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 include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes 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 (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.