

**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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"x14")	1	EO	xxx	3/1	NAIC	B,S
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	B
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	B,S
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	EO	xxx	3/1	NAIC	B
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	B
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	B
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	B
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	B
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	B
	15	Actuarial Opinion	1	EO	1	3/1	Company	B
	16	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	B
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	B
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	B
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	B
	20	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	B
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	B
	22	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	B
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	B
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	B
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	B
	26	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	B
	27	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	B
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	B
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	B
	30	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	B
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	B
	32	Management Discussion & Analysis	1	EO	N/A	4/1	Company	B
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	B
	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1,5/15, 8/15, 11/15	NAIC	B
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B
	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	B
	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	B
	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	B
	40	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	B
	41	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	B
	42	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	B
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	B
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	B
	45	Statement on par/non-par policies - Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	B

46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	B
47	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	B
48	Trusted Surplus Statement	1	EO	xxx	3/1,5/15, 8/15, 11/15	NAIC	B
49	Workers' Compensation Carve Out Supplement	1	EO	xxx	3/1	NAIC	B
	<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
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	
	<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	B
72	Audited Financial Reports	1	EO	N/A	6/1	Company	B
73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	B
74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	B
75	Independent CPA (change)	1	N/A	N/A		Company	B
76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	B
78	Request for Exemption to File	1	N/A	N/A		Company	B
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	B
80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	B
81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	B
	<b>V. STATE REQUIRED FILINGS</b>						
101	Certificate of Compliance	0	0	1	3/1	State	B
102	Certificate of Deposit	0	0	1	3/1	State	B
103	Certificate of Valuation	0	0	1	3/1	State	B
104	Filings Checklist (with Column I completed)	0	0	0			
105	Premium tax	1	0	1	3/1,5/15,8/15, 11 /15	State	D,P
106	State Filing Fees	1	0	1	3/1	State	C,P
107	Signed Jurat	0	0	1	3/1	NAIC	B,L
108	Holding Co. Registration Statement	1	0	0	6/1	Company	B,O
109	Application For Renewal	1	0	1	3/1	State	B,P
110	Official List	1	0	1	3/1	State	B,P
111	Documentation for Premium Tax Return	1	0	1	3/1	Company	Q
112	Alabama Business Page	1	1	1	3/1	NAIC	R
113	Retaliatory Tax Statement	0	0	1	3/1	State	D,P
114	Certificate of Advertising Compliance	1	0	1	3/1	Company	B, T

\* ALDOI no longer accepts paper filings of foreign insurers' annual financial statements. All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department.

\*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.

	<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
A	<p>Required Filings Contact Persons:</p> <p>Ann Strickland, Examiner            334-241-4154  <a href="mailto:Ann.Strickland@insurance.alabama.gov">Ann.Strickland@insurance.alabama.gov</a></p> <p>Belinda Williams, Examiner        334-241-4162  <a href="mailto:Belinda.Williams@insurance.alabama.gov">Belinda.Williams@insurance.alabama.gov</a></p> <p>Todrick Burks, Examiner        334-241-4163  <a href="mailto:Todrick.Burks@insurance.alabama.gov">Todrick.Burks@insurance.alabama.gov</a></p>	
B	<p>Mailing Address:</p> <p>Premium Tax Returns and Payments: See note D  Fees: See note C</p> <p>All other Filings:</p> <p>Alabama Department of Insurance  P.O. Box 303351  Montgomery, AL 36130-3351</p> <p>or</p> <p>Alabama Department of Insurance  201 Monroe Street, Suite 502  Montgomery, AL 36104</p>	
C	<p>Mailing Address for Filing Fees:</p> <p>Certificate of Authority Renewal Fee: \$505.00  Annual Statement Filing Fee: \$25.00  Must be attached to a completed Annual Premium Tax Return and mailed to:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830691  Birmingham, AL 35283-0691</p> <p>Insurers may file their premium tax returns and pay premium tax, COA renewal fee and the annual statement filing fee through the NAIC OPTins program.</p> <p>\$850.00 Audit &amp; Exam Fee must be attached to a completed Transmittal Form and mailed to:</p> <p>Postal Service: Alabama Department of Insurance  c/o Compass Bank  P. O. Box 830707  Birmingham, AL 35283-0707</p> <p>Courier Service: Alabama Department of Insurance  c/o Compass Bank  701 South 32nd Street  Birmingham, AL 35233</p>	

D	<p>Mailing Address for Premium Tax Payments:</p> <p>Postal Service: Alabama Department of Insurance c/o Compass Bank P. O. Box 830691 Birmingham, AL 35283-0691</p> <p>Courier Service: Alabama Department of Insurance c/o Compass Bank 701 South 32nd Street Birmingham, AL 35233</p> <p>Premium tax payments must be attached to completed Annual Premium Tax returns.</p> <p>Insurers may file their premium tax returns and pay premium tax, COA renewal fee and the annual statement filing fee electronically through the NAIC OPTins program at <a href="http://www.naic.org/OPTins">www.naic.org/OPTins</a></p>	
E	<p>Delivery Instructions:</p> <p><b>All Filings must be received no later than the due date.</b> The postmark date will not be accepted as the filing date. If the due date falls on a weekend or holiday, the due date is the next business day.</p>	
F	<p>Late Filings:</p> <p>Annual Statements: The fine is \$250.00 and the company's Certificate of Authority can be suspended or revoked for failure to timely file. Premium Tax Returns and Premium Tax: The fine is \$1,000-\$10,000 for late Filings and Payment.</p>	
G	<p>Original Signatures:</p> <p>Original signatures are required on all Filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p>	
H	<p>Signature/Notarization/Certification:</p> <p>The President or Vice President and Secretary or Actuary are required to file the Annual Statement. Must be notarized.</p>	
I	<p>Amended Filings:</p> <p>Amended Annual Statements filed by domestic companies must be properly bound and mailed along with an explanation of the amendments to: 201 Monroe Street, Suite 502, Montgomery, AL 36104.</p>	
J	<p>Exceptions from normal filings:</p> <p>Annual Statements: An extension of up to 30 days can be granted only if the request is made in writing and good cause is shown. Foreign companies must furnish a copy of home state approval, along with their written requests.</p> <p>Audited Financial Statements: Requests for extension, exemption and to file on a consolidated basis must be made in writing at least 10 days prior to the due date.</p> <p>Premium Tax Returns and Premium Tax: No Extensions.</p>	

K	Bar Codes (State or NAIC)  The NAIC Annual Statement Instructions should be followed.	
L	Signed Jurat:  Annual Statement Only: Submit signed Jurat page to the referenced address in note B, Not required for Quarterly statement.	
M	NONE Filings: The NAIC Annual Statement Instructions should be followed.	
N	Filings new, discontinued or modified materially since last year:  None.	
O	Domestic companies are required to file a Holding Company Registration Statement and pay a \$500.00 filing fee no later than June 1. It should be mailed to the Alabama Department of Insurance at 201 Monroe Street, Suite 502, Montgomery, AL 36104.	
P	State Specific forms are located on the Insurance Department website at <a href="http://www.aldoi.gov/Companies/Forms">www.aldoi.gov/Companies/Forms</a> and then either Foreign Insurance Companies/Foreign Life or Domestic Insurance Companies/Domestic Life.	
Q	All premium tax credits/deductions taken on the annual premium tax return should be documented with copies of cancelled checks and privilege tax returns (1 <sup>st</sup> page only), ad valorem tax notices, guaranty fund and Alabama Health Insurance Plan assessment notices, invoices. Premiums which are taxed at less than the maximum should be documented with detailed policy runs. <b>Documentation should be emailed to <a href="mailto:premiumtax@insurance.alabama.gov">premiumtax@insurance.alabama.gov</a></b> The subject line of the email must have the name of the company and the year. <b>Do not send hard copies of the documentation.</b>	
R	The Alabama business page should be emailed along with premium tax documentation to <a href="mailto:premiumtax@insurance.alabama.gov">premiumtax@insurance.alabama.gov</a>	
S	All foreign insurers' annual financial statements must be submitted electronically to the National Association of Insurance Commissioners (NAIC) in lieu of submitting a paper copy to the Department. All domestic insurers are still required to submit annual and quarterly statements in paper copy to the Department as well as electronically to the NAIC by the statutory due date.	
T	The AL Dept. of Insurance does not furnish a form. Regulation Number 132 (Chapter 482-1-132.10(3) located at <a href="http://www.aldoi.gov/Legal/Regulations.aspx">http://www.aldoi.gov/Legal/Regulations.aspx</a> , states what the company should include in the Certificate which it prepares.	

**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.