

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

47	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
48	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
49	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
50	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	B
51	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	B
52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	B
53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	B
	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	N/A	6/1	Company	B
82	Audited Financial Reports	1	EO	N/A	6/1	Company	B
83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	B
84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	B
85	Independent CPA (change)	1	N/A	N/A		Company	B
86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	B
88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	B
89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	B
90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	B
91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	B
	V. STATE REQUIRED FILINGS***						
101	Certificate of Compliance	0	0	0			
102	Certificate of Deposit	0	0	0			
103	Certificate of Valuation	0	0	0			
104	Filings Checklist (with Column I completed)	0	0	0			
105	Form B-Holding Company Registration Statement	1	0	0	6/1	Company	O
106	Form F-Enterprise Risk Report ***	1	0	0		Company	B,N
107	ORSA****	1	0	0		Company	B,N
108	Premium tax	1	0	1	3/1,5/15,8/15, 11 /15	State	D,P
109	State Filing Fees	1	0	1	3/1	State	C,P
110	Signed Jurat	0	0	1	3/1	NAIC	L,N
111	Application For Renewal	1	0	1	3/1	State	B,P
112	Documentation for Premium Tax Return	1	0	1	3/1	Company	Q
113	Alabama Business Page	1	1	1	3/1	NAIC	R
114	Retaliatory Tax Statement	0	0	1	3/1	State	D,P
115	Certificate of Advertising Compliance	1	0	1	3/1	Company	B, S
116	Fraud Unit Assessment	1	0	1	6/1	State	C

* 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.

*****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 Persons:	<p>Ann Strickland, Examiner 334-241-4154 Ann.Strickland@insurance.alabama.gov</p> <p>Belinda Williams, Examiner 334-241-4162 Belinda.Williams@insurance.alabama.gov</p> <p>Todrick Burks, Examiner 334-241-4163 Todrick.Burks@insurance.alabama.gov</p>							
B	Mailing Address:	<p>Premium Tax Returns and Payments: See note D Fees: See note C</p> <p>Annual Statement hard copy filing not required for foreign insurers.</p> <p>All other Filings:</p> <table border="0"> <tr> <td>AL Dept. of Insurance</td> <td>AL Dept. of Insurance</td> </tr> <tr> <td>P.O. Box 303351</td> <td>201 Monroe Street, Suite 502</td> </tr> <tr> <td>Montgomery, AL 36130-3351</td> <td>Montgomery, AL 36104</td> </tr> </table>	AL Dept. of Insurance	AL Dept. of Insurance	P.O. Box 303351	201 Monroe Street, Suite 502	Montgomery, AL 36130-3351	Montgomery, AL 36104	
AL Dept. of Insurance	AL Dept. of Insurance								
P.O. Box 303351	201 Monroe Street, Suite 502								
Montgomery, AL 36130-3351	Montgomery, AL 36104								
C	Mailing Address for Filing Fees:	<p>Certificate of Authority Renewal Fee: \$505.00 Annual Statement Filing Fee: \$25.00 Must be attached to a completed Annual Premium Tax Return http://www.aldoi.gov/Companies/Forms.aspx 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>The \$950.00 Audit & Exam Fee, which is due March 1st must be attached to a completed Transmittal Form PR. http://www.aldoi.gov/PDF/Companies/AuditExamTransmittalForm-PR.pdf</p> <p>The \$200 Fraud Unit Assessment, which is due June 1st must be attached to a completed transmittal Form PZ http://www.aldoi.gov/PDF/Companies/FormPZ.pdf 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. http://www.aldoi.gov/Companies/Forms.aspx</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 http://www.optins.org/</p>	
E	<p>Delivery Instructions:</p> <p>All Filings must be received no later than the due date. 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 sign 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. Premium Tax Returns and Premium Tax: No Extensions.</p>	
K	<p>Bar Codes (State or NAIC)</p> <p>The NAIC Annual Statement Instructions should be followed.</p>	

L	<p>Signed Jurat:</p> <p>Email along with premium tax documentation to: premiumtax@insurance.alabama.gov DO NOT submit hard copy signed jurat page.</p>	
M	<p>NONE Filings: The NAIC Annual Statement Instructions should be followed.</p>	
N	<p>Filings new, discontinued or modified materially since last year:</p> <p>Foreign companies are no longer required to file actuarial opinion in hard copy if filed with state of domicile and NAIC.</p> <p>DO NOT submit hard copy signed jurat page. Email along with premium tax documentation to: premiumtax@insurance.alabama.gov as referenced in note Q.</p> <p>Line 106 Form F-Enterprise Risk Report *** Line 107 ORSA ****</p>	
O	<p>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>	
P	<p>State Specific forms are located on the Insurance Department website at http://www.aldoi.gov/Companies/Forms.aspx</p>	
Q	<p>DO NOT SEND HARD COPIES OF THE DOCUMENTATION.</p> <p>All premium tax credits/deductions taken on the annual premium tax return should be documented with copies of cancelled checks and privilege tax returns (1st page only), ad valorem tax notices, guaranty fund and Alabama Health Insurance Plan assessment notices, invoices. DO NOT send prior year tax returns as supporting documentation. Premiums which are taxed at less than the maximum should be documented with detailed policy runs. Documentation must be emailed to: premiumtax@insurance.alabama.gov , NO secure links to the documentation. If mailing tax form and payment. The subject line of the email must have the name of the company and the year.</p> <p>If paying premium tax via NAIC OPTIns EFT and premium tax supporting documentation is attached to OPTIns filing. DO NOT email it too. One submission is sufficient.</p>	
R	<p>The Alabama business page should be emailed along with premium tax documentation to premiumtax@insurance.alabama.gov</p>	
S	<p>The AL Dept. of Insurance does not furnish a form. Regulation Number 132 (Chapter 482-1-132.10(3)) located at http://www.aldoi.gov/Legal/Regulations.aspx , states what the company should include in the Certificate which it prepares.</p>	

**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.

w:\qa\blanks\checklists\2016 filings made in 2017\3 lifecklist_2016_filingsmade2017.docx