

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2019

BEGINNING WITH FIRST QUARTER, 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT.

(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")	xxx	EO		3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	xxx	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	xxx					
	3	Separate Accounts Annual Statement (8 1/2"x 14")	xxx	EO		3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	xxx	EO		4/1	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	xxx	EO		4/1	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	xxx	EO		4/1	NAIC	
	14	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	
	15	Long-Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	
	16	Management Discussion & Analysis	xxx	EO		4/1	Company	
	17	Medicare Part D Coverage Supplement	xxx	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	18	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	
	19	Risk-Based Capital Report	xxx	EO		3/1	NAIC	
	20	Supplemental Compensation Exhibit	xxx	N/A	N/A	3/1	NAIC	
	21	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO		4/1	NAIC	
	22	Supplemental Health Care Exhibit's Allocation Report	xxx	EO		4/1	NAIC	
	23	Supplemental Investment Risk Interrogatories	xxx	EO		4/1	NAIC	
	24	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	xxx	EO		4/1	NAIC	
	25	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Variable Annuities Supplement	xxx	EO		4/1	NAIC	
	27	VM 20 Reserves Supplement	xxx	EO		3/1	NAIC	
		Actuarial Related Items						
	28	Actuarial Certification regarding use 2001 Preferred Class Table	xxx	EO		3/1	Company	
	29	Actuarial Certification Related Annuity Non-forfeiture Ongoing Compliance for Equity Indexed Annuities	xxx	EO		3/1	Company	
	30	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	xxx	EO		3/1	Company	
	31	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	xxx	EO		3/1	Company	
	32	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	xxx	N/A	xxx	4/30	Company	
	33	Actuarial Opinion	xxx	EO		3/1	Company	
	34	Executive Summary of the PBR Actuarial Report (if VM early adopted)	xxx	N/A		4/1	Company	
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	xxx	EO		3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	xxx	EO		3/1	Company	
	37	Actuarial Opinion on X-Factors	xxx	EO		3/1	Company	
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	xxx	EO		3/1	Company	
	39	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	xxx	EO		3/1	Company	
	40	Life PBR Exemption	xxx	E/O		Commissioner 7/1 NAIC 8/15	Company	
	41	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	xxx	EO		3/1	Company	
	42	RAAIS required by <i>Valuation Manual</i>	xxx	N/A	xxx	4/1	Company	

(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			
	43	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	44	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	47	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	48	RBC Certification required under C-3 Phase I	xxx	EO		3/1	Company	
	49	RBC Certification required under C-3 Phase II	xxx	EO		3/1	Company	
	50	Statement on non-guaranteed elements – Exhibit 5 Int. #3	xxx	EO		3/1	Company	
	51	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	xxx	EO		3/1	Company	
		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	FILE	ON	LIFE	BLANK		
	70	Quarterly .PDF Filing	FILE	ON	LIFE	BLANK		
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	xxx	EO	N/A	6/1	Company	
	82	Audited Financial Reports	xxx	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	xxx	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	xxx	EO	N/A	8/1	Company	
	85	Independent CPA (change)	xxx	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	xxx	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	xxx	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	xxx	EO		3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	xxx	EO		3/1	Company	
	90	Relief from the Requirements for Audit Committees	xxx	EO		3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	xxx	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	xxx	0			Company	
	102	Filings Checklist (with Column 1 completed)	xxx	0			State	
	103	Form B-Holding Company Registration Statement	xxx	0			Company	
	104	Form F-Enterprise Risk Report ****	xxx	0			Company	
	105	ORSA*****	xxx	0			Company	
	106	Premium Tax	See "D" page 3	0	See "D" page 3		State	See "D" page 3
	107	State Filing Fees	1	0	1	3/1	State	

(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			
	108	Signed Jurat	1	0	1*	3/1, 5/15, 8/15, 11/15	NAIC	*annually only for foreign companies
	109	Certificate of Compliance	xxx	0	0	3/1, 5/15, 8/15, 11/15	State	
	110	Certificate of Deposit	xxx	0	0	3/1, 5/15, 8/15, 11/15	State	
	111	Detail Listing of Securities Held Under Safekeeping (Form 143)	xxx	0	0	3/1, 5/15, 8/15, 11/15	State	
	112	Affidavit Covering Finance Committee	xxx	0	0	3/1	State	
	113	Schedule of Miscellaneous Investments (Form 460 and 470)	xxx	0	0	3/1, 5/15, 8/15, 11/15	State	
	114	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	xxx	0	0	3/1	State	
	115	Direct Business Page (State Page)	KY EO	1	0	3/1	NAIC	
	116	Direct Economic Impact of KY Captive During Current Reporting Year (Form CI-150) Captive RRGs Only	KY EO	0	0	3/1	State	
	117	Certificate of Advertising (Form 440)	1	0	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.**

*****For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure 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 if filed at the insurance group level. 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 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 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. 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 if filed at the insurance group level. For more information on lead states, see the following**

For Companies to Use Checklist	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	<u>Contacts:</u>
		Primary: Rodney Hugle
	Kentucky Department of Insurance Financial Standards and Examination Division	<u>Rodney.Hugle@ky.gov</u>
	Mayo-Underwood Building 500 Mero Street, SE11 P.O. Box 517 Frankfort, KY 40601	<u>Sandra.Batts@ky.gov</u>
	<u>Phone Number:</u> 502-564-6082	<u>Phone Number:</u> 502-564-6082
	<u>Division e-mail:</u> <u>DOI.FinancialStandardsMail@ky.gov</u>	
		Division e-mail
		<u>DOI.FinancialStandardsMail@ky.gov</u>
B	Mailing Address for KY ELECTRONIC, Hand or Overnight delivery:	Mailing Address for Regular Mail:
	Kentucky Department of Insurance	Kentucky Department of Insurance
	Mayo-Underwood Building 500 Mero Street, SE11 Frankfort, KY 40601	P.O. Box 517 Frankfort, KY 40602- 0517
	<u>Attn.</u> Financial Standards & Examination Division	<u>Attn.</u> Financial Standards & Examination Division
	Division e-mail	Division e-mail
	<u>DOI.FinancialStandardsMail@ky.gov</u>	<u>DOI.FinancialStandardsMail@ky.gov</u>
C	Mailing Address for Filing Fees: RENEWAL FEES PAID ONLINE	Renewal fees paid online.
		Other fees mailed to the address above.
	To pay online, click on Eservices on the DOI website	
	<u>(http://insurance.ky.gov/)</u>. Your Annual Statement	
	contact person should have the appropriate	
	“USERNAME” and “PASSWORD” to process the payment.	
D	Mailing Address for Premium Tax Payments: (see below)	<u>Post Office Box:</u>
		Department of Revenue
	Premium tax forms can be accessed on the Dept. of	P.O. Box 1303
	<u>Revenue’s website (http://revenue.ky.gov/forms)</u>	Frankfort, KY 40602-1303
	<i>Click on “Current Year Forms.”</i>	OR
		<u>Physical Address:</u>
	<i>NOTE:</i> <i>Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.</i>	Department of Revenue
		501 High Street
		Frankfort, KY 40601
	<u>Phone Number:</u> 502-564-4810	

E	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	ALL filings must be postmarked no later than the indicated due date, regardless of the due date falling on a weekend or holiday.
F	Late Filings: FINES FOR LATE FILINGS	Companies will be fined \$100 per day for ALL late filings, even in situations where a request for extension has been received in writing and approved. For all late filings received WITHOUT extension approval, and additional civil penalty of \$1,000 may be assessed.
G	Original Signatures: REQUIRED FOR DOMESTIC COMPANIES	Original signatures are required on ALL filings from domestic companies.
		Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
H	Signature/Notarization/Certification: REQUIRED BY KENTUCKY STATUTE	Per KRS 304.3-240(1)-shall be verified by oaths of a least two (2) of the insurers' principal officers.
I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies, amended items must be filed within ten (10) days of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
J	Exceptions from normal filings:	Domestic companies should apply for an exemption or extension at least thirty (30) days prior to the filing due date.
		Foreign companies MUST supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.
K	Bar Codes (State or NAIC):	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	<u>REFER TO http://insurance.ky.gov/</u>	
L	Signed Jurat:	Kentucky REQUIRES Foreign companies to file a copy of a
		Signed Jurat Page by March 1 as part of their Annual Statement Filings.
M	NONE Filings:	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	<u>REFER TO http://insurance.ky.gov/</u>	
N		

	Filings new, discontinued or modified materially since last year:	For ALL companies, please see “Note P” and “Note Q” below. Domestic, please refer to “Note R.”
O	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant’s report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA):
		Sandra Batts, EWA
		Kentucky Department of Insurance
		P.O. Box 517
		Frankfort, KY 40602-0517
P	Kentucky Annual Filing Instructions:	For additional instructions, please see the attached Kentucky Annual Filing Instructions listed on the Kentucky Department of Insurance website. The instructions should appear directly above the NAIC checklists provided for each type of entity.
	<u>REFER TO http://insurance.ky.gov/</u>	
Q	Company’s Responsibility to Review/Update their Information on	All companies should refer to the Kentucky Department of Insurance website under “Company Info” to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application.
	Kentucky Department of Insurance website:	
		Please be advised:
	<u>Website address http://insurance.ky.gov/</u>	*the Form 12 – deals with changes to the Service of Process
		*the Form 14 – deals with address changes
		*Biographical affidavits
		should ONLY be submitted for NEW Presidents
R	Actuarial Opinion Summary: REQUIRED FROM DOMESTICS	All domestic companies are required to file the Actuarial Opinion Summary. Only one (1) copy of the summary is needed and stamp the envelope “confidential.”
S	Direct Economic Impact of Kentucky Captive During Current Reporting Year (Form CI-150): FOR “DOMESTIC” RISK RETENTION GROUPS ONLY	Note S pertains to domestic risk retention groups.

**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 *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental.PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly.PDF Filing* is the .pdf file 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 have chosen 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 the state web site). 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.