

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2021

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

| (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") | AFF | EO | 0 | 3/1 | NAIC | M,W,X |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | AFF | EO | xxx | 3/1 | NAIC | M,W,X |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | AFF | EO | 0 | 5/15, 8/15, 11/15 | NAIC | M,W,X |
| | 3 | Separate Accounts Annual Statement (8 1/2"x14") | AFF | EO | 0 | 3/1 | NAIC | M,W,X |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | AFF | EO | 0 | 4/1 | NAIC | M,W,X |
| | 12 | Credit Insurance Experience Exhibit | AFF | EO | xxx | 4/1 | NAIC | M,W,X |
| | 13 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | AFF | EO | xxx | 4/1 | NAIC | M,W,X |
| | 14 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | AFF | EO | xxx | 4/1 | NAIC | M,W,X |
| | 15 | Long-term Care Experience Reporting Forms | AFF | EO | xxx | 4/1 | NAIC | M,W,X |
| | 16 | Management Discussion & Analysis | AFF | EO | 0 | 4/1 | Company | M,W,X |
| | 17 | Medicare Supplement Insurance Experience Exhibit | AFF | EO | xxx | 3/1 | NAIC | M,W,X |
| | 18 | Medicare Part D Coverage Supplement | AFF | EO | 0 | 3/1, 5/15, 8/15, 11/15 | NAIC | M,W,X |
| | 19 | Risk-Based Capital Report | AFF | EO | 0 | 3/1 | NAIC | M,W,X |
| | 20 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | N,X |
| | 21 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | X |
| | 22 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | AFF | EO | 0 | 4/1 | NAIC | M,W,X |
| | 23 | Supplemental Health Care Exhibit's Allocation Report | AFF | EO | 0 | 4/1 | NAIC | M,W,X |
| | 24 | Supplemental Investment Risk Interrogatories | AFF | EO | 0 | 4/1 | NAIC | M,W,X |
| | 25 | Supplemental Schedule O | AFF | EO | xxx | 3/1 | NAIC | M,W,X |
| | 26 | Supplemental Term and Universal Life Insurance Reinsurance Exhibit | AFF | EO | | 4/1 | NAIC | M,W,X |
| | 27 | Trusted Surplus Statement | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | M,W,X |
| | 28 | Variable Annuities Supplement | AFF | EO | 0 | 4/1 | NAIC | M,W,X |
| | 29 | VM 20 Reserves Supplement | AFF | EO | 0 | 3/1 | NAIC | M,W,X |
| | 30 | Workers' Compensation Carve-Out Supplement | AFF | EO | 0 | 3/1 | NAIC | M,W,X |
| Actuarial Related Items | | | | | | | | |
| | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 33 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 1 | N/A | xxx | 4/30 | Company | M,W,X |
| | 34 | Actuarial Opinion | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 35 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 37 | Actuarial Opinion on X-Factors | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 39 | Request for Life PBR Exemption (formerly Companywide Exemption) | 1 | E/O | 0 | Commissioner 7/1 NAIC 8/15 | Company | |
| | 40 | Executive Summary of the PBR Actuarial Report | 1 | N/A | 0 | 4/1 | Company | M,W,X |
| | 41 | Life Summary of the PBR Actuarial Report | 1 | N/A | 0 | 4/1 | Company | M,W,X |
| | 42 | Variable Annuities Summary of the PBR Actuarial Report | 1 | N/A | 0 | 4/1 | Company | M,W,X |
| | 43 | PBR Actuarial Report (provide upon request) | 1 | N/A | 0 | 4/1 | Company | M,W,X |
| | 44 | RAAIS required by Valuation Manual | 1 | N/A | xxx | 4/1 | Company | X |

| (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 | | | |
| | 45 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | AFF | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | M,W,X |
| | 46 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | AFF | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | M,W,X |
| | 47 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | AFF | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | M,W,X |
| | 48 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | AFF | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | M,W,X |
| | 49 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | AFF | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | M,W,X |
| | 50 | RBC Certification required under C-3 Phase I | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 51 | RBC Certification required under C-3 Phase II | AFF | EO | 0 | 3/1 | Company | M,W,X |
| | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | AFF | EO | 0 | 3/1 | Company | |
| | 53 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | AFF | EO | 0 | 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 | 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 | |
| | 82 | Audited Financial Reports | 0 | EO | 0 | 6/1 | Company | K,M,W,X |
| INS7160 | 82.1 | Request for Exemption to File Audited Financial Reports | 1 | N/A | N/A | 1/31 | Company | |
| INS7166 | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | 0 | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | 0 | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | 0 | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| INS7006 | 100 | Application for Renewal of Certificate of Authority | 1 | 0 | 1 | 3/1 | State**** | X |
| INS7146 | 101 | Foreign Premium Tax Return- DO NOT File Hardcopy – (Does not apply to Foreign Fraternal Companies) | 0 | 0 | EO | 3/1 | State**** | W,X |
| | 102 | Domestic Franchise Tax Return- DO NOT File Hardcopy | EO | 0 | 0 | 3/1 | State**** | W,X |
| On-line only | 103 | Premium Tax Advance Payment - Invoice Available On-Line 9/1 - Premium Tax On-Line Data https://gateway.insurance.ohio.gov/UI/ODI.Saap.Gateway.UI/Account.mvc/LogOn secured logon) (Does not apply to Foreign Fraternal Companies) | 1 | 0 | 1 | 10/15 | State | E |

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|------------------|---------------|--|--------------------------|------|---------|-------------------------------------|----------------------|-------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| INS7240 | 104 | Electronic Filing Authenticity Affidavit | 1 | 0 | 0 | 3/1,4/1,5/1,5/15, 6/1,8/15,11/15 | State**** | M,O,X |
| | 105 | Signed Jurat | 1 | 0 | 0 | 3/1, 5/15, 8/15,11/15 | NAIC | M,O,X |
| INS7215 | 106 | Foreign Insurance Tax Summary to Treasurer of State***** (Does not apply to Foreign Fraternal Companies) | 0 | 0 | 1 | 3/1 | State**** | E |
| INS7214 | 107 | Domestic Insurance Tax Summary to Treasurer of State***** | 1 | 0 | 0 | 3/1 | State**** | E,X |
| INS7140 | 108 | Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY | EO | 0 | EO | 3/1 | State**** | W |
| No Form | 109 | Statement of compliance with Ohio Administrative Code Section 3901-6-02 and/or 3901-08-07 on company letterhead | 1 | 0 | 1 | 3/1 | Company | Q,X |
| INS7001 | 110 | NAIC IRIS Response (Required if 4 or more failures) | 1 | 0 | 1 | 5/15 | Company | V,X |
| # No Form | 111 | Affix Barcodes | xxx | INFO | xxx | Informational Only | NAIC | S |
| INS7062 | 112 | Internet Submissions to NAIC | INFO | INFO | INFO | Informational Only | State**** | S |
| INS7226 | 113 | Exhibit of Premiums, Enrollment & Utilization – Health Insurance (HIC) Line of Business Licensees Only, Ohio Revised Code Section 1751-02(F) – ALL OTHERS DO NOT FILE – IF INSURER DOES NOT HAVE A HIC LINE OF BUSINESS – THIS IS NOT REQUIRED | EO | 0 | EO | 3/1, 5/15,8/15,11/15 | State**** | U |
| No Form | 114 | Gain & Loss Exhibits for Participating and Non-Participating Policies, Ohio Revised Code Section 3911.02. Submit A/S p. 6 for each type. | 1 | 0 | 0 | 3/1 | Company | X |
| | 115 | Corporate Governance Annual Disclosure***** | 1 | 0 | 0 | 6/1 | Company | X |
| | 116 | Form F – Enterprise Risk Report ***** | 1 | 0 | 0 | 6/1 | Company | X |
| | 117 | Form B-Holding Company Registration Statement | 1 | 0 | 0 | 6/1 | Company | X |
| | 118 | ORSA***** | 1 | 0 | 0 | 12/31/19 | Company | X |
| | | | | | | | | |
| | | | | | | | | |

*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

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

*** Generally, Notes A through K apply to all filings.

****These forms may be downloaded at www.insurance.ohio.gov under “ODI Forms”

*****Do **NOT** file with the Ohio Department of Insurance. File Only with the Ohio Treasurer of State.

*****Ohio has 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.

*****Ohio has 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

*****Ohio has 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 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: Annual and Quarterly filings | Risk Assessment (614)644-2647 or Risk.Assessment@insurance.ohio.gov |
| B | Mailing Address for Annual and Quarterly filings: | Ohio Department of Insurance Office of Risk Assessment 50 West Town Street, 3 rd Floor Columbus, OH 43215 |
| C | Mailing Address for Filing Fees: Do not send checks for filing fees. You will be billed when due. Do not mail tax returns. Do not send checks to the Department of Insurance. | <u>NONE</u> |
| D | <u>Mailing Address for Premium & Franchise Tax Returns:</u> NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to the Department of Insurance. | <u>NONE.</u> DO NOT Mail Tax Returns. Electronic filing only. |
| E | Mailing Address for Premium Tax Payments: Must be paid by ACH credit or ACH debit. If you have questions about this process, you may contact the Ohio Treasurer of State's office at 614-752-8484 or view the FAQ's from the following web address: http://eft.tos.ohio.gov/#/FaqView | <u>NONE</u> |
| F | Delivery Instructions: | All items must be physically received by the due date. If the due date falls on a weekend or holiday, the due date is the next business day. |
| G | Late Filings: | Statutory penalties apply to required filings received by the due date. If the due date falls on a weekend or holiday, the due date is the next business day. |
| H | Original Signatures: | Original signatures are required on all filings that require signatures. See Note L and Electronic Filing Authenticity Affidavit (Ohio Form INS7240). See Note X. |
| I | Signature/Notarization/Certification: | Principal officers are required to sign Quarterly and Annual Statement Jurat Pages. See Annual Statement Instructions and Ohio Form INS7240. See Note X. |
| J | Amended Filings: | Contact taxes@insurance.ohio.gov for tax amendment forms. Amendments must be accompanied by an explanation and |

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| | | documentation. Original signature requirements apply. See note X. |
| K | Bar Codes (NAIC): | Ohio no longer has state specific bar code instructions. Please refer to the Appendix of the NAIC Annual Statement Instructions. Ohio no longer has state specific bar code instructions. |
| L | Exceptions from normal filings: | All companies must include a copy of any extension or exemption granted by their state of domicile. See note X. |
| M | Signed Jurat: | Domestic insurers must attached signed, notarized Jurat with Affidavit (Ohio form INS7240). No Jurat required of foreign insurers. Do not file hardcopy Annual or Quarterly Statements. See Note X. |
| N | NONE Filings: | Must be submitted. Please see NAIC Annual Statement Instructions for Supplemental interrogatories. |
| O | Filings new, discontinued or modified materially since last year: | A “#” sign on the Checklist denotes a new filing. |
| P | All Foreign Insurers: DO NOT FILE Certification of Valuation, Certificate of Compliance or Certificate of Deposit. | These are no longer required. |
| Q | Statement of Compliance with Rule 3901-8-07 and 3901-6-02: | Every insurer subject to Rules 3901-8-07 and/or 3901-6-02 must file a statement of compliance with Ohio insurance laws as implemented and interpreted by these rules on Company letterhead. No form. |
| R | Protected Cell Annual Statement: | File only if applicable. No need to file with Ohio if “None”. |
| S | State instructions and filing information: | These items are available for instructional purposes only. The forms content is to be used as a guide only. |
| T | Actuarial Opinion Summary (Property and Casualty Only): | To be filed as a confidential document pursuant to ORC Section 3901.77(E) |
| U | HIC line of business license only: | Do Not file unless Certificate of Authority (“COA”) is for a health insuring corporation (“HIC”) under |

| | | |
|---|--|--|
| | | ORC Chapter 1751 or if the company's "non-HIC" COA specifically lists authority for a HIC line of business. The Annual Form must be electronically filed as an exhibit to the company's Premium Tax return. Filings are made as attachment to email to taxes@insurance.ohio.gov. |
| V | IRIS Response: | ONLY required if 4 or more IRIS Ratio Failures. |
| W | Hard Copy Filings: | Do not file hardcopy with Ohio if "NONE", "AFF", "EO" or "0" is indicated in column 4 (domestic or foreign) |
| X | <p>Bulletin 2020-09 EXTENSION OF FINANCIAL FILING DEADLINES AND PROCEDURAL REQUIREMENTS AS A RESULT OF COVID-19 RECOMMENDATIONS AND ORDERS</p> <p>https://insurance.ohio.gov/static/Legal/Bulletins/Documents/2020-09.pdf</p> | <p>Electronic Filings Requirements to submit information in physical form, including any mailing, wet signature, or notary requirement, are hereby suspended. Companies must maintain a record of all filings made electronically in lieu of physical information filings. Within 60 days after the expiration of this Order, all required physical information withheld pursuant to this Order shall be submitted to the Department.</p> <p>Send Electronic Filings to risk.assessment@insurance.ohio.gov</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 submitting 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.

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