

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	H, L, M
	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	H, L, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	
	14	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	15	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	18	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	19	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	20	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	21	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	23	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	
	26	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	
	27	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	28	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
	29	Supplemental XXX/AXXX Reinsurance Exhibit	1	EO	xxx	4/1	NAIC	
	30	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	31	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
Actuarial Related Items								
	32	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	
	33	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	
	34	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	35	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	36	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	
	37	Actuarial Opinion	1	EO	xxx	3/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	40	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	43	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	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			
	44	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	xxx	3/15	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	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	
	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	
	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	
	50	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	
	51	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	xxx	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	1	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	0	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	Note A		Company	A
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	Note J		Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	EO	3/1	State	O
	102	Certificate of Deposit	0	0	EO	3/1	State	O
	103	Certificate of Valuation	0	0	EO	6/1	State	O
	104	Filings Checklist (with Column 1 completed)	1	0	xxx		State	
	105	Form B-Holding Company Registration Statement	1	0	Note N	6/1	Company	N
	106	Form F-Enterprise Risk Report ***	1	0	Note N	6/1	Company	N
	107	ORSA****	0	0	0		Company	
	108	Premium Tax	Note D	0	Note D		State	D
	109	State Filing Fees	1	0	1	12/31	State	C
	110	Signed Jurat	1	0	EO	3/1, 5/15, 8/15, 11/15	NAIC	O

***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 Person: Donna Whitley Financial & Market Regulation Division filings@mid.ms.gov 601-359-2127			
	B	<table border="0"> <tr> <td><u>Physical Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201</td> <td><u>Mailing Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079</td> </tr> </table>	<u>Physical Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201	<u>Mailing Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079	
<u>Physical Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201	<u>Mailing Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079				
	C	<u>Filing Fees:</u> <ul style="list-style-type: none"> • Filing Fees are due December 31st. • The Department will invoice the filing fees with the company's license renewal fee. • The Department no longer accepts the payment of fees with the filings (i.e. The Department will no longer accept the \$50.00 filing fee with the submission of the quarterly financial statements or certificates). • Any questions regarding the payment of filing fees should be addressed to filings@mid.ms.gov. 			
	D	<u>Property & Casualty Insurers Premium Tax Payments:</u> <table border="0"> <tr> <td><u>Physical Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes 1577 Springridge Rd. Raymond, MS 39154 601-923-7175</td> <td><u>Mailing Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes P O Box 23075 Jackson, MS 39225-3075</td> </tr> </table> <u>Risk Retention Groups Premium Tax Payment:</u> <u>Mailing Address:</u> Mississippi Insurance Department Attn: Accounting Division P O Box 79 Jackson, MS 39205-0079 601-359-3569	<u>Physical Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes 1577 Springridge Rd. Raymond, MS 39154 601-923-7175	<u>Mailing Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes P O Box 23075 Jackson, MS 39225-3075	
<u>Physical Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes 1577 Springridge Rd. Raymond, MS 39154 601-923-7175	<u>Mailing Address:</u> Mississippi Department of Revenue Attn: Derrick Barnes P O Box 23075 Jackson, MS 39225-3075				
	E	<u>Delivery Instructions:</u> All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, the due date is the next business day.			
	F	<u>Late Filings:</u> Pursuant to <u>Miss. Code Ann. § 83-5-69</u> , company shall pay \$100 for each day's neglect, and upon notice by the commissioner to that effect, its authority to do new business shall cease while such default continues.			
	G	<u>Original Signatures:</u> Original wet signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.			
	H	<u>Signature/Notarization/Certification:</u> The statement shall be sworn to by the president or vice president and secretary or treasurer or chief managing agent or officer of such company.			
	I	<u>Amended Filings:</u> Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filings, then same should be followed for any amendment.			

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
J	<p><u>Exceptions from normal filings:</u></p> <p>Foreign companies shall submit a written request by electronic filing of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Mississippi. You may submit the request to filings@mid.ms.gov.</p> <p>Domestic companies shall apply at least 10 days prior to the original due date via contact with your analyst.</p>	
K	<p><u>Bar Codes (State or NAIC):</u></p> <p>NAIC Annual Statement Instructions should be followed.</p>	
L	<p><u>Signed Jurat:</u></p> <p>The Department requires the filing of a signed Jurat for domestic and foreign companies.</p>	
M	<p><u>NONE Filings:</u></p> <p>NAIC Annual Statement Instructions should be followed.</p>	
N	<p><u>Filings new, discontinued or modified materially since last year:</u></p> <p>Foreign companies which do not have a Holding Company law similar to Mississippi are required to file pursuant to <u>Miss. Code Ann. § 83-6-3</u>.</p>	
O	<p><u>Electronic Filings:</u></p> <p>Foreign insurers shall file an electronic copy with the Department via the Document Submission Portal on or before the statutory due date. To access the Document Submission Portal, please click on the following link: http://www.mid.ms.gov/companies/filing-submission-portal.aspx</p> <p>Please note that no hard copy filings are required. Should there be any questions concerning use of the Portal, please contact filings@mid.ms.gov.</p> <p>All domestic insurers are still required to submit annual and quarterly filings by paper copy to the Departments as well as electronically to the NAIC by the statutory due date.</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