

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **Arkansas** Filings Made During the **Year 2009 (Annual 2008 and Qtrly 2009)**

(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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	NAIC	A, B, C, E, F, G, H, I, J, K,
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	If bound in stmt, do not print extra copy.
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A, B, C, E, F, G, H, I, J, K,
	3	Separate Accounts Annual Statement (8 1/2"x 14")	2	EO	xxx	3/1	NAIC	If applicable
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	If bound in stmt, do not print extra copy.
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance	2	EO	xxx	3/1	Company	
	12	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding	2	EO	xxx	3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	
	15	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	If bound in stmt, do not print extra copy.
	16	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	If bound in stmt, do not print extra copy.
	17	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	If bound in stmt, do not print extra copy.
	18	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	If bound in stmt, do not print extra copy.
	20	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	If bound in stmt, do not print extra copy.
	21	Reasonableness of Assumptions Certification	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	22	Reasonableness & Consistency of Assumptions Cert.	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	23	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	26	Risk-Based Capital Report	2	N/A	xxx	3/1	NAIC	
	27	RBC Certification required under C-3 Phase I	2	N/A	xxx	3/1	Company	
	28	RBC Certification required under C-3 Phase II	2	N/A	xxx	3/1	Company	
	29	Statement of Actuarial Opinion	2	EO	xxx	3/1	Company	
	30	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	2	EO	xxx	3/1	Company	
	31	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	2	EO	xxx	3/1		
	32	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	33	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	If applicable
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	43	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	44	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	45	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	46	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	47	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	48	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	2	N/A	N/A		Company	
	62	Audited Financial Statements	2	EO	xxx	6/1	Company	
	63	Audited Financial Statements Exemption Affidavit	2	N/A	N/A		Company	If applicable
	64	Independent CPA	2	N/A	N/A		Company	
	65	Notification of Adverse Financial Condition	2	N/A	N/A		Company	If applicable
	66	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A		Company	If applicable
	67	Request for Exemption to File	2	N/A	N/A		Company	If applicable

*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.

V. STATE REQUIRED FILINGS		
101	Filings Checklist	Required for Domestic Companies <u>only</u> . (With Column 1 completed)
101A	Signed Jurat Page- Due 3/1	Foreign companies must file this page (For annual filing only). Document must be filed in electronic .pdf format at: Kimberly.johnson@arkansas.gov
102	Anti Fraud Assessment	http://www.insurance.arkansas.gov/Accounting/divpage Due No later than June 30th each year. For questions: 501-371-2790
103	CHIP FORM	http://chiparkansas.org/ Mandatory AR Comprehensive Health Ins Pool Form Due Annually March 1st . For questions, 1-800-285-6477
104	CFRF Form	http://www.insurance.arkansas.gov/Accounting/divpage.htm Company Financial Regulation Fee- Form will be available on-line after March 15. Due Annually June 30th . For questions, 501-371-2605, Carla Kincannon There is a fine if you file this form late. All companies must file this form, even if you have not written any business in our state. If you file late, there is a fine for each day you are late.
105	Annual Continuation Form	Filing Fee Instructions for Licensed Fraternal Benefit Societies- Look at the bottom of the page under the Tax Forms. http://www.insurance.arkansas.gov/Accounting/divpage.htm For questions, 501-371-2605.
106	Advertising Certificate of Compliance	http://www.insurance.arkansas.gov/finance/financialstmt2004chklist/Certificate%20ofAdvertising.htm This can be emailed to: Kimberly.johnson@arkansas.gov in a pdf file format only.
NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Contact for Financial Statements: Finance Division 501-371-2680, fax 501-371-2747 Kimberly.johnson@arkansas.gov Contact for Annual Continuation Fees Accounting Division 501-371-2605 Insurance.accounting@arkansas.gov
B	Mailing Address for ANNUAL/QUARTERLY STATEMENTS All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing	Arkansas Insurance Department 1200 W. Third Street Little Rock, AR 72201-1904 Attn: Kimberly Johnson/Finance
C	Mailing Address for ANNUAL STATEMENT FILING FEES: DO NOT MAIL ANNUAL CONTINUATION FEES WITH ANNUAL STATEMENTS. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing	Arkansas Insurance Department 1200 W. 3rd Street Little Rock, AR 72201-1904 Attn: Accounting Division
D	Mailing Address for ANNUAL CONTINUATION FEE PAYMENTS <u>SAME AS NOTE C ABOVE.</u> DO NOT MAIL PREMIUM TAX PAYMENTS WITH ANNUAL STATEMENTS.	ACCOUNTING DIVISION Arkansas Insurance Dept. 1200 W. Third Street Little Rock, AR. 72201-1904

E	<p>Delivery Instructions: All filings must be physically received at the Department, no later than the indicated due date. <i>If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.</i></p> <p>(PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)</p>	<p>Arkansas Insurance Department 1200 W. Third Street Little Rock, AR. 72201-1904</p>	
F	Late Filings:	Companies will be fined \$100 per day for a late filing.	
G	Original Signatures:	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.	
H	Signature/Notarization/Certification:	Two of 3 signatures are required on the Annual Statements. They must be signed by either of the following: President or Vice President with either the Secretary or Actuary. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.	
I	<p>Amended Filings:</p> <p>(Submit to address in Note B listed above)</p> <p><u>Remember to provide a newly signed jurat page with all amended filings.</u></p>	<p>Domestic Companies: File 2 copies of the amended items within 10 days of the amendments, including an explanation of the amendment. If there are signature requirements for the original filing, it should be followed for any amendment.</p> <p>Foreign Companies: email amended filing, with an explanation of what is being amended to Kimberly.johnson@arkansas.gov</p>	
J	<p>Exceptions from normal filings:</p> <p>Submit requests for extensions/exemptions to : Brenda Haggard, Manager of Financial Analysis. Mailing address: See Note B</p>	<p>Foreign companies must supply a copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date.</p> <p>Domestic companies should apply at least 30 days prior to the due date.</p>	
K	Bar Codes (State or NAIC)	Please follow the NAIC instructions. Arkansas does not use bar codes.	
L	Signed Jurat Page <i>for Foreign Companies only</i>	<u>Do not send in a hard copy</u> , only email a copy to: Kimberly.johnson@arkansas.gov	
M	NONE Filings:	File as “NA” if the form does not apply or as “NONE” if there is nothing to report.	
N	Independent CPA	Foreign insurers are not required to notify this Dept. of this change.	

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 filing 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 investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

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 investment schedule detail.

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 supplements 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.

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 (E) 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 (generally, on its website). 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.