

# LIFE, ACCIDENT AND HEALTH INSURERS

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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	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	
	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"x14")	2	EO	Xxx	3/1	NAIC	If applicable
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	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	Credit Insurance Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	16	Interest Sensitive Life Insurance Products Report	2	EO	Xxx	4/1	NAIC	
	17	Investment Risk Interrogatories	2	EO	Xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	Xxx	4/1	NAIC	
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	Xxx	4/1	NAIC	
	20	Long-term Care Experience Reporting Forms	2	EO	Xxx	4/1	NAIC	
	21	Management Discussion & Analysis	2	EO	Xxx	4/1	Company	
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	Xxx	3/1	NAIC	
	23	Medicare Part D Coverage Supplement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Reasonableness of Assumptions Certification	2	EO	Xxx	3/1,5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert.	2	EO	Xxx	3/1,5/15, 8/15, 11/15	Company	
	26	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	2	EO	Xxx	3/1,5/15, 8/15, 11/15	Company	
	27	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	2	EO	Xxx	3/1,5/15, 8/15, 11/15	Company	
	28	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	2	EO	Xxx	3/1,5/15, 8/15, 11/15	Company	
	29	Risk-Based Capital Report	2	EO	Xxx	3/1	NAIC	
	30	RBC Certification required under C-3 Phase I	2	EO	Xxx	3/1	Company	
	31	RBC Certification required under C-3 Phase II	2	EO	Xxx	3/1	Company	
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	33	Statement of Actuarial Opinion	2	EO	Xxx	3/1	Company	
	34	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	Xxx	3/1	Company	
	35	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	EO	Xxx	3/1	Company	
	36	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	37	Supplemental Schedule O	2	EO	Xxx	3/1	NAIC	
	38	Trusted Surplus Statement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	If applicable
	39	Workers' Compensation Carve Out Supplement	2	EO	xxx	3/1	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	40	Annual Statement Electronic Filing	xxx	1	Xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	Xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Separate Accounts Electronic Filing	xxx	1	Xxx	3/1	NAIC	
	45	Separate Accounts .PDF Filing	xxx	1	Xxx	3/1	NAIC	
	46	Supplemental Electronic Filing	xxx	1	Xxx	4/1	NAIC	
	47	Supplemental .PDF Filing	xxx	1	Xxx	4/1	NAIC	
	48	Quarterly Statement Electronic Filing	xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	49	Quarterly .PDF Filing	xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	50	June .PDF Filing	xxx	1	Xxx	6/1	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	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	
	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 for ARKANSAS

101	Filings Checklist	Required for Domestic Companies <u>only</u> . (With Column 1 completed)
102	Signed Jurat Page- <b>Due 3/1</b>	Foreign companies must file this page (For annual filing only). Document must be filed in electronic .pdf format at: <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a>
103	Anti Fraud Assessment- <b>Due 6/30</b>	<a href="http://www.insurance.arkansas.gov/Accounting/divpage">http://www.insurance.arkansas.gov/Accounting/divpage</a> Due No later than <b>June 30<sup>th</sup></b> each year. For questions: 501-371-2790
104	Advertising Certificate of Compliance <b>Due 3/01</b>	<a href="http://insurance.arkansas.gov/Finance/financialstmt2004chklist/Certificate%20ofAdvertising.htm">http://insurance.arkansas.gov/Finance/financialstmt2004chklist/Certificate%20ofAdvertising.htm</a> Send to the Attention of the Finance Division. It can be emailed to: <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a> in a pdf file format only.
105	CHIP FORM <b>Due 3/01</b>	<a href="http://chiparkansas.org/">http://chiparkansas.org/</a> Mandatory AR Comprehensive Health Ins Pool Form Due Annually <b>March 1<sup>st</sup></b> . For questions, 1-800-285-6477
106	CFRF FORM- <b>Due 6/30</b>	<a href="http://www.insurance.arkansas.gov/Accounting/divpage.htm">http://www.insurance.arkansas.gov/Accounting/divpage.htm</a> Company Financial Regulation Fee- Form will be available on-line after March 15. Due Annually <b>June 30<sup>th</sup></b> . For questions, 501-371-2605, Carla Kincannon There is a fine if you file this form late. <b>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.</b>
107	State Filing Fees	All filings fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. Do not send in these fees in separately. For additional questions, please contact the Accounting Division: 501-371-2605.
108	Premium Tax, Annual Continuation Fees, & Online EFT Info	<a href="http://www.insurance.arkansas.gov/Accounting/divpage.htm">http://www.insurance.arkansas.gov/Accounting/divpage.htm</a> For questions, 501-371-2605.
109	Certificate of Deposit - <b>Due 3/1</b>	See <b>NOTE O</b> below for Instructions.
110	Arkansas Domestic Insurers Affiliated Transaction Disclosure Form- <b>Due on 3/1, 5/15, 8/15, 11/15</b>	This form is for <u>Domestics Only</u> . <a href="http://www.insurance.arkansas.gov/finance/financialstmthomepagefiles/FormAIDFISTDR.DOC">http://www.insurance.arkansas.gov/finance/financialstmthomepagefiles/FormAIDFISTDR.DOC</a> To be completed and submitted with each Annual and Quarterly Financial Statement.
111	Holding Company Registration Statement <b>(FOR DOMESTIC COMPANIES ONLY)</b>	<b><i>For Domestic Companies only</i></b> - See Rule 15 at: <a href="http://www.insurance.arkansas.gov/Legal%20Dataseservices/rnrpage.htm">http://www.insurance.arkansas.gov/Legal%20Dataseservices/rnrpage.htm</a> and BULLETIN 4-99 Notwithstanding the frequency or lack of filed amendments reporting material transactions in the intervening period, each domestic insurer subject to registration under this Rule shall update, restate and refile with the Department a full and complete registration statement (Form B), with the companion summary (Form C), <b><i>annually on or before May 1st</i></b> . The Form B filing shall be accompanied by the proper Rule 57 fee.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	<p><b>Contact for Financial Statements:</b>  <b>Finance Division</b>  <b>501-371-2680, fax 501-371-2747</b>  <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a></p> <p><b>Contact for Premium Taxes</b>  <b>Accounting Division</b>  <b>501-371-2605</b>  <a href="mailto:Insurance.accounting@arkansas.gov">Insurance.accounting@arkansas.gov</a></p>
B	Mailing Address for ANNUAL/QUARTERLY STATEMENTS <b>All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex and Etc. ); Priority Mail &amp; 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</b>	<p><b>Arkansas Insurance Department</b>  <b>1200 W. Third Street</b>  <b>Little Rock, AR 72201-1904</b>  <b>Attn: Kimberly Johnson/Finance</b></p>
C	Mailing Address for ANNUAL STATEMENT FILING FEES: DO NOT MAIL PREMIUM TAX PAYMENTS WITH ANNUAL STATEMENTS. <b>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</b>	<p><b>Arkansas Insurance Department</b>  <b>1200 W. 3<sup>rd</sup> Street</b>  <b>Little Rock, AR 72201-1904</b>  <b>Attn: Accounting Division</b></p>
D	Mailing Address for Premium Tax Payments: <u>SAME AS NOTE C ABOVE.</u> DO NOT MAIL PREMIUM TAX PAYMENTS WITH ANNUAL STATEMENTS.	<p><b>ACCOUNTING DIVISION</b>  <b>Arkansas Insurance Dept.</b>  <b>1200 W. Third Street</b>  <b>Little Rock, AR. 72201-1904</b></p>
E	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> <b>(PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)</b>	<p><b>Arkansas Insurance Department</b>  <b>1200 W. Third Street</b>  <b>Little Rock, AR. 72201-1904</b></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	Amended Filings: (Submmit to address in Note B listed above) <u>Remember to provide a newly signed jurat page with all amended filings.</u>	<p><b>Domestic Companies:</b> File 2 copies of the amended items within 10 days of the amendments, including an explanation of the amendment. If there are <b>signature requirements</b> for the original filing, it should be followed for any amendment.  <b>Foreign Companies:</b> email amended filing,</p>

			with an explanation of what is being amended to <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a>
J	Exceptions from normal filings:  Submit requests for extensions/exemptions to : <b>Brenda Haggard</b> , Manager of Financial Analysis. Mailing address: See Note <b>B</b>		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. Domestic companies should apply at least 30 days prior to the due date.
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</i>		<b><i>Do not send in a hard copy</i></b> , only email a copy to: <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a>
M	NONE Filings:		<b>File as “NA” if the form does not apply or as “NONE” if there is nothing to report.</b>
N	Independent CPA		Foreign insurers are not required to notify this Dept. of this change.
0	Certificate of Deposit : Send under separate cover to: Malisa Landers, Securities Administrator. See Note B for mailing address Questions: 501-371-2679 E-mail: <a href="mailto:Malisa.landars@arkansas.gov">Malisa.landars@arkansas.gov</a>		<b>All foreign insurance companies (except for Fraternal and Arkansas Domestic) who hold a certificate of authority in Arkansas are required to send under separate cover an original Certificate of Deposit from their state of domicile.</b>
P	Filings new, discontinued or modified materially since last year:  <u>New</u> : Signed Jurat page for foreign companies can be emailed to: <a href="mailto:Kimberly.johnson@arkansas.gov">Kimberly.johnson@arkansas.gov</a>  Discontinued:		

**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 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 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.

**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 (EX4) 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.