

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **Arkansas Insurance Department** Filings Made During the Year **2012**

(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	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	Xxx	3/1	Company	
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	Xxx	3/1	Company	
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	Xxx	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	Xxx	3/1	Company	
	15	Actuarial Opinion	2	EO	Xxx	3/1	Company	
	16	Actuarial Opinion on X-Factors	2	EO	Xxx	3/1	Company	
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	Xxx	3/1	Company	
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	Xxx	3/1	Company	
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	Xxx	3/1	Company	
	20	Analysis of Annuity Operations by Lines of Business	2	EO	Xxx	4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	2	EO	Xxx	4/1	NAIC	
	22	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	Xxx	3/1	Company	
	23	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	Xxx	4/1	NAIC	
	24	Health Care Exhibit's Allocation Report Supplement	2	EO	Xxx	4/1	NAIC	
	25	Interest Sensitive Life Insurance Products Report	2	EO	Xxx	4/1	NAIC	
	26	Investment Risk Interrogatories	2	EO	Xxx	4/1	NAIC	
	27	Long-term Care Experience Reporting Forms	2	EO	Xxx	4/1	NAIC	
	28	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	Xxx	3/1	Company	
	29	Management Discussion & Analysis	2	EO	Xxx	4/1	Company	
	30	Medicare Supplement Insurance Experience Exhibit	2	EO	Xxx	3/1	NAIC	
	31	Medicare Part D Coverage Supplement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	Company	
	33	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	Company	
	34	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	Company	
	35	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	Company	
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	Company	
	37	Risk-Based Capital Report	2	EO	Xxx	3/1	NAIC	
	38	RBC Certification required under C-3 Phase I	2	EO	Xxx	3/1	Company	
	39	RBC Certification required under C-3 Phase II	2	EO	Xxx	3/1	Company	
	40	Statement on non-guaranteed elements – Exhibit 5 Int. #3	2	EO	Xxx	3/1	Company	

41	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	2	EO	Xxx	3/1	Company	
42	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
43	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS							
50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
72	Audited Financial Reports	2	EO	Xxx	6/1	Company	
73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
75	Independent CPA (change)	1	N/A	N/A		Company	
76	Management’s Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
78	Request for Exemption to File	1	N/A	N/A		Company	
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	1	3/1	Company	
80	Relief from the one-year cooling off period for independent CPA	1	EO	1	3/1	Company	
81	Relief from the Requirements for Audit Committees	1	EO	1	3/1	Company	
V. STATE REQUIRED FILINGS							
101	Certificate of Compliance	0	0	Xxx		State	
102	Certificate of Deposit	xxx	0	xxx	3/1	State	Not applicable
103	Certificate of Valuation	0	0	Xxx		State	Not applicable
104	Filings Checklist (with Column 1 completed)	1	0	Xxx		State	Domestics Only
105	Premium tax	xxx	0	xxx		State	Not applicable
106	State Filing Fees- 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.	1	0	1	3/1	State	Foreign and Domestic
107	Signed Jurat- Foreign companies must file this page (For annual filing only). Document must be filed in electronic .pdf format at: Kimberly.johnson@arkansas.gov	xxx	0	1	3/1	NAIC	Foreign Only
108	Anti-Fraud Assessment- http://www.insurance.arkansas.gov/Accounting/divpage.htm Due No later than June 30th each year. For questions: 501-371-2605, Pam Looney Form must be filed even if you have not written any business in our state. We do not honor the postmark for any filing. Filings must be received on or before the due date or late penalties will be assessed in accordance with ACT 337 of 1997; A.C.A. §23-100-101, ET SEQ.	1	0	1	6/30	State	Foreign and Domestic
109	Mandatory AR Comprehensive Health Ins Pool Form http://chiparkansas.org/insurers-only/ Due Annually March 1 st . For questions, 1-800-285-6477	1	0	1	3/1	State	Foreign and Domestic

110	<p>Company Financial Regulation Fee http://www.insurance.arkansas.gov/Accounting/divpage.htm Form will be available on-line after March 15. For questions, 501-371-2605, Carla Kincannon 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. No reminder is sent by the Accounting Division. It is the company's responsibility to file on time.</p>	1	0	1	6/1-	State	Foreign and Domestic
111	<p>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.</p>	1	0	1	3/1	State	Foreign and Domestic
112	<p>Anti-Fraud Plan: http://www.fightfraud.arkansas.gov/CIDcode.html Insurance companies licensed in the State of Arkansas must submit an antifraud plan pursuant to the antifraud initiative requirements of [A.C.A. §23-66-510 (a)]. Questions concerning the requirements should be directed to Raymond Boyles, Esq. at 501-371-2790 or raymond.boyles@arkansas.gov. [Also reference: Mandatory Reporting of suspected insurance fraud, fraud warnings, antifraud initiatives and disqualifications required by Act 217 of 1997 Bulletin No. 7-97 and Antifraud Initiative Requirements Rule and Regulation 66.]</p>	1	0	1		Company	Foreign and Domestic

*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.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	<p>Contact for Financial Statements: Kimberly Johnson, Insurance Examiner Finance Division 501-371-2680, fax 501-371-2747 Kimberly.johnson@arkansas.gov</p> <p>Contact for Annual Continuation Fees Accounting Division 501-371-2605 Insurance.accounting@arkansas.gov</p>
B	Mailing Address: ANNUAL/QUARTERLY STATEMENTS All items must be mailed via U.S Mail, or 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.	Arkansas Insurance Department 1200 W. 3rd Street Little Rock, AR 72201-1904 Attn: Accounting Division
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> (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department 1200 W. Third Street Little Rock, AR. 72201-1904
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

**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 *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 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 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 (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.