

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: ARKANSAS Filings Made During the Year 2020

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")	2	EO	0	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	0	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	0	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	0	4/1	NAIC	
	12	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	15	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	16	Management Discussion & Analysis	2	EO	0	4/1	Company	
	17	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	18	Medicare Part D Coverage Supplement	2	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Risk-Based Capital Report	2	EO	0	3/1	NAIC	
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	21	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	0	4/1	NAIC	
	23	Supplemental Health Care Exhibit's Allocation Report	2	EO	0	4/1	NAIC	
	24	Supplemental Investment Risk Interrogatories	2	EO	0	4/1	NAIC	
	25	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	2	EO	0	4/1	NAIC	
	27	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Variable Annuities Supplement	2	EO	0	4/1	NAIC	
	29	VM 20 Reserves Supplement	2	EO	0	3/1	NAIC	
	30	Workers' Compensation Carve-Out Supplement	2	EO	0	3/1	NAIC	
Actuarial Related Items								
	31	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	0	3/1	Company	
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	0	3/1	Company	
	33	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	0	3/1	Company	
	34	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	0	3/1	Company	
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	2	N/A	xxx	4/30	Company	
	36	Actuarial Opinion	2	EO	0	3/1	Company	
	37	Executive Summary of the PBR Actuarial Report (if VM early adopted)	2	N/A	0	4/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	0	3/1	Company	
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	0	3/1	Company	
	40	Actuarial Opinion on X-Factors	2	EO	0	3/1	Company	
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	0	3/1	Company	
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	0	3/1	Company	
	43	Life PBR Exemption (formerly Companywide Exemption)	2	E/O	0	Commissioner 7/1 NAIC 8/15	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	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	0	3/1	Company	
	45	RAAIS required by <i>Valuation Manual</i>	2	N/A	xxx	4/1	Company	
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	48	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	
	49	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	
	50	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	
	51	RBC Certification required under C-3 Phase I	2	EO	0	3/1	Company	
	52	RBC Certification required under C-3 Phase II	2	EO	0	3/1	Company	
	53	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	0	3/1	Company	
	54	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	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	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	0	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	
	85	Independent CPA (change)	2	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	2	EO	0	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	2	EO	0	3/1	Company	
	90	Relief from the Requirements for Audit Committees	2	EO	0	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	2	0	N/A	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
	103	Form B and Form C - Holding Company Registration Statement and Summary The Form B filing shall be accompanied by the proper Rule 57 fee of \$100.	2	0	0	5/1	Company	
	104	Form F-Enterprise Risk Report ****	2	0	N/A	5/1	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			
	105	ORSA *****	2	0	N/A	11/1, if applicable	Company	
	106	Premium Tax - Per Bulletin 12-2016, AID has fully implemented OPTins (Online Premium Tax for Insurance). OPTins should be used for mandatory filing and payment of the Annual and Quarterly premium tax filings, as well as the Companies' Antifraud Assessment and Financial Regulation Fee. Contact information: Arkansas Insurance Department Accounting Division 501-371-2605 insurance.accounting@arkansas.gov		0		Important due dates: Premium Tax Annual March 1st Premium tax filing quarter 1-May 15 Premium tax filing quarter 2-August 15 Premium tax filing quarter 3-November 15 Late fee: \$100/day Forms must be filed even if no money is due.		
	107	State Filing Fees - All filings fees for certificate of authority renewal and annual statement filing fees are Included on the premium tax forms.		0		3/1	State	
	108	Signed Jurat Page- Document must be filed in electronic .pdf format at: insurance.finance@arkansas.gov	xxx	0	1	3/1 annual filing only	NAIC	Foreign only requirement
	109	Certificate of Deposit - All foreign insurance companies who hold a certificate of authority in Arkansas are required to send (in hard copy form only) an original Certificate of Deposit from their state of domicile. Send under separate cover to: Malisa Landers, Securities Administrator. Questions: 501-371-2679 or Malisa.landiers@arkansas.gov	Not Required	0	1	3/1	State	Foreign only requirement See Note E for mailing address.
	110	Certificate of Compliance & Certificate of Valuation	Not Required	0	Not Required	Not Required		
	111	Anti Fraud Plan- 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 Chief Counsel Dan Reber @ 501-371- 2796 or dan.reber@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 66.]	Varies by Company					
	112	Anti- Fraud Assessment & Company Financial Regulation Fee. These forms are no longer separate for the insurer to look up in OPTins, THEY ARE COMBINED.	1	0	1	6/1	OPTins	
	113	Medicare Advantage Plans are exempt from filing the Anti- Fraud Assessment & Company Financial Regulation Fee.	1	0	1	6/1	OPTins	
	114	Affiliated Transaction Disclosure Form for Arkansas Domestic not subject to the Holding Co ACT- This form may be modified in a non-substantive manner to accommodate reporting. The original and one copy of the form should be mailed to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1 Commerce Way, Suite 5 South Little Rock, AR 72202-2087 This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov . If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years. The blank form is available electronically at: https://insurance.arkansas.gov/uploads/pages/formaidfistr.pdf	2	0	N/A	3/1,5/15,8/15,11/15	State	All domestic companies (except FMAAs) which are not subject to the Holding Company Act

(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			
	115	Advertising Certificate of Compliance- Form can be emailed in a pdf to insurance.finance@arkansas.gov	1	0	1	3/1		

*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 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.

****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 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: Accounting Division 501-371-2605 insurance.Accounting@arkansas.gov	Contact for Financial Statements: Kimberly Johnson, Insurance Examiner, Finance Division 501-371-2680 insurance.finance@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 1 Commerce Way, Suite 501 Little Rock, AR 72202-2087 Attn: Finance Division
C	Mailing Address for Filing Fees:	Filed and paid through OPTins http://www.optins.org/

	D	Mailing Address for Premium Tax Payments:	Filed and paid through OPTins http://www.optins.org/
	E	Delivery Instructions: All filings must be physically received at the Department, no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department 1 Commerce Way, Suite 501 Little Rock, AR 72202-2087 Attn: Finance Division
	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. The treasurer may sign the Annual Statement when the secretary or actuary is unable or unavailable to do so. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
	I	Amended Filings: (Submit to address in Note B listed above) Remember to provide a newly signed jurat page with all amended filings.	Foreign Companies: email amended filing, with an explanation of what is being amended to: insurance.finance@arkansas.gov
	J	Exceptions from normal filings: Submit requests for extensions/exemptions to : mel.heaps@arkansas.gov Attn: Mel Heaps, Finance Division Arkansas Insurance Department 1200 W. Third Street Little Rock, AR 72201-1904	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.
	K	Bar Codes (State or NAIC):	Please follow the NAIC instructions. Arkansas does not use bar codes.

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.

w:\qa\blanks\checklists\2018 filings made in 2019\3 lifecklist_2018_filingsmade2019.docx