

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: ARIZONA **Filings Made During the Year** 2010

| (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 | | | | |
| | | | State | NAIC | | | |
| I. NAIC FINANCIAL STATEMENTS | | | | | | | |
| | 1 | Annual Statement (8 1/2"x14") | | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 1/2"x 14") | | xxx | 3/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | | xxx | 4/1 | NAIC | |
| | 11 | Actuarial Certification Related Annuity Nonforfeiture Compliance | | xxx | 3/1 | Company | |
| | 12 | Actuarial Opinion on X-Factors | | xxx | 3/1 | Company | |
| | 13 | Actuarial Opinion on Separate Accounts Funding | | xxx | 3/1 | Company | |
| | 14 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | | xxx | 3/1 | Company | |
| | 15 | Interest Sensitive Life Insurance Products Report | | xxx | 4/1 | NAIC | |
| | 16 | Investment Risk Interrogatories | | xxx | 4/1 | NAIC | |
| | 17 | Long Term Care Experience Reporting Forms | | xxx | 4/1 | NAIC | |
| | 18 | Management Discussion & Analysis | | | 4/1 | Company | |
| | 19 | Medicare Supplement Insurance Experience Exhibit | | xxx | 3/1 | NAIC | |
| | 20 | Medicare Part D Coverage Supplement | | xxx | 3/1 5/15, 8/15, 11/15 | NAIC | |
| | 21 | Reasonableness of Assumptions Certification | | xxx | 5/15, 8/15, 11/15 | Company | |
| | 22 | Reasonableness & Consistency of Assumptions Cert. | | xxx | 5/15, 8/15, 11/15 | Company | |
| | 23 | Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method | | xxx | 5/15, 8/15, 11/15 | Company | |
| | 24 | Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value) | | xxx | 5/15, 8/15, 11/15 | Company | |
| | 25 | Reasonableness & Consistency of Assumptions Cert. (Updated Market Value) | | xxx | 5/15, 8/15, 11/15 | Company | |
| | 26 | Risk-Based Capital Report | | xxx | 3/1 | NAIC | |
| | 27 | RBC Certification required under C-3 Phase I | | xxx | 3/1 | Company | |
| | 28 | RBC Certification required under C-3 Phase II | | xxx | 3/1 | Company | |
| | 29 | Statement of Actuarial Opinion | | xxx | 3/1 | Company | |
| | 30 | Statement on non-guaranteed elements – Exhibit 5 Interr. #3 | | xxx | 3/1 | Company | |
| | 31 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1 | | xxx | 3/1 | | |
| | 32 | Supplemental Compensation Exhibit | | N/A | | NAIC | |

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|--|------------------|---|--------------------------|------|------------------|--------------------------|-----------------------------|----------------------------|
| | | | Domestic State | NAIC | Foreign State | | | |
| | 33 | Trusteed Surplus Statement | | | xxx | 3/1 5/15, 8/15, 11/15 | NAIC | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 50 | Annual Statement Electronic Filing | | | xxx | 3/1 | NAIC | |
| | 51 | March .PDF Filing | | | xxx | 3/1 | NAIC | |
| | 52 | Separate Accounts Electronic Filing | | | xxx | 3/1 | NAIC | |
| | 53 | Separate Accounts .PDF Filing | | | xxx | 3/1 | NAIC | |
| | 54 | Supplemental Electronic Filing | | | xxx | 4/1 | NAIC | |
| | 55 | Supplemental .PDF Filing | | | xxx | 4/1 | NAIC | |
| | 56 | Quarterly Statement Electronic Filing | | | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 57 | Quarterly .PDF Filing | | | xxx | 5/15, 8/15, 11/15 | | |
| | 58 | June .PDF Filing | | | xxx | 6/1 | NAIC | |
| IV. AUDITED FINANCIAL STATEMENTS | | | | | | | | |
| | 71 | Accountants Letter of Qualifications | | | N/A | 6/1 | Company | |
| | 72 | Audited Financial Statements | | | xxx | 6/1 | Company | |
| | 73 | Audited Financial Statements Exemption Affidavit | | | N/A | 6/1 | Company | |
| | 74 | Independent CPA | | | N/A | 6/1 | Company | |
| | 75 | Notification of Adverse Financial Condition | | | N/A | 6/1 | Company | |
| | 76 | Report of Significant Deficiencies in Internal Controls | | | N/A | 6/1 | Company | |
| | 77 | Request for Exemption to File | | | N/A | Prior to 6/1 | Company | |
| V. STATE REQUIRED FILINGS | | | | | | | | |
| | 101 | Certificate of Disclosure Form E-178 | | | 1 | 3/1 | State | O |
| | 102 | Fraternal Societies Filing Checklist Form E-NAIC.Fraternal (Pages 1-2 Only of this form with Column 1 and page 2 contact information completed) | | | 1 | 3/1 | State | |
| | 103 | Retaliatory Tax Report and Payment | | | 1 | 3/1 | State | D, N |
| | 104 | Signed Jurat | | | xxx | 3/1 | NAIC | L |
| | 105 | State Filing Fees | | | 1 | 3/1 | State | C, N |

*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.

PREPARED BY: (must complete PRINT OR TYPE CLEARLY)

NAME & TITLE

COLLECT/TOLL-FREE PHONE NUMBER

E-MAIL ADDRESS

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| NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS) | |
|--|--|
| A | <p>Required Filings Contact Person:</p> <p>Tony McCormack Administrative Assistant III Phone: (602) 364-3245 OR E-mail address: AMccormack@azinsurance.gov</p> |
| B | <p>Mailing Address:</p> <p>Arizona Department of Insurance ATTN: Financial Affairs Division Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> |
| C | <p>Mailing Address for Annual Filing Fees: Due 3/01</p> <p>Arizona Department of Insurance ATTN: Tax Unit Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Use Form E-Fraternal posted on our web site at http://www.azinsurance.gov/taxforms.html and the NAIC OPT<i>ins</i> system.</p> <p>ALSO SEE NOTE N</p> |
| D | <p>Premium Tax Payments: Due 3/1</p> <p>Retaliatory Only</p> <p>Arizona Department of Insurance ATTN: Tax Unit Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Contact Person: Tamika Walton (602) 364-2713 E-mail address: TWalton@azinsurance.gov</p> <p>Use Form E-Fraternal posted on our web site at http://www.azinsurance.gov/taxforms.html and the NAIC OPT<i>ins</i> system.</p> <p>ALSO SEE NOTE N</p> |
| E | <p>Delivery Instructions:</p> <p>All packages must bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.</p> |
| F | <p>Late Filings: License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.</p> <p>Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management, Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the USPS postmark or courier pick-up date as the date filed.</p> |

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| | | |
|---|--|---|
| G | Original Signatures: | Foreign companies should follow the instructions in the NAIC Annual Statement Instructions. |
| H | Signature/Notarization/Certification: | NOTARIZED SIGNATURES MUST BE OF AT LEAST TWO (2) OF YOUR EXECUTIVE OFFICERS, <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u> |
| I | Amended Filings: | Must be filed within 10 days, with an explanation. Signature requirements apply. |
| J | <p>Exceptions from normal filings:</p> <p>Exceptions from normal filings continued:</p> | <p>EXEMPTIONS: Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. Must be filed at least 10 days prior to due date.</p> <p>EXTENSIONS: Approved for a catastrophic event only.</p> <p>FOREIGN: Must provide a copy of an exemption/extension letter from your state of domicile.</p> |
| K | Bar Codes (State or NAIC) | Use NAIC Annual Statement instructions. |
| L | Signed Jurat | Not required to be filed with us. |
| M | NONE Filings: | Every page of the annual statement must be included in sequential page number order. All State forms must be completed or stamped " None " if there are no entries on the form, and returned as instructed. |
| N | Filings new, discontinued, or modified materially since last year: | YOU MAY ELECTRONICALLY FILE AND PAY TAXES AND FEES VIA THE NAIC OPTins SYSTEM. |
| O | Certificate of Disclosure Form E-178 | The form should be directed immediately to your EXECUTIVE OFFICERS OR DIRECTORS WHO ARE LISTED ON THE JURAT PAGE for notarized original signatures. <u>Incomplete certificates will not be accepted</u> and may result in statutory penalty of \$25 per day. |

FRATERNAL SOCIETIES

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 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.