

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Arkansas Filings Made During the Year 2016

| (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 ½"x14") | 2 | EO | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 2 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"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 | Analysis of Annuity Operations by Lines of Business | 2 | EO | xxx | 4/1 | NAIC | |
| | 12 | Analysis of Increase in Annuity Reserves During Year | 2 | EO | xxx | 4/1 | NAIC | |
| | 13 | Health Care Exhibit (Parts 1, 2 and 3) Supplement | 2 | EO | xxx | 4/1 | NAIC | |
| | 14 | Health Care Exhibit's Allocation Report Supplement | 2 | EO | xxx | 4/1 | NAIC | |
| | 15 | Interest Sensitive Life Insurance Products Report | 2 | EO | xxx | 4/1 | NAIC | |
| | 16 | Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | |
| | 17 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 18 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | |
| | 19 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 20 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 21 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC | |
| | 22 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | |
| | 23 | Trusteed Surplus Statement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 24 | XXX/AXXX Reinsurance Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| Actuarial Related Items | | | | | | | | |
| | 25 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 2 | EO | xxx | 3/1 | Company | |
| | 26 | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII | 2 | EO | xxx | 3/1 | Company | |
| | 27 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | 2 | EO | xxx | 3/1 | Company | |
| | 28 | Actuarial Certification regarding use 2001 Preferred Class Table | 2 | EO | xxx | 3/1 | Company | |
| | 29 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 2 | N/A | xxx | 4/30 | Company | |
| | 30 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | |
| | 31 | Actuarial Opinion on X-Factors | 2 | EO | xxx | 3/1 | Company | |
| | 32 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 2 | EO | xxx | 3/1 | Company | |
| | 33 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 2 | EO | xxx | 3/1 | Company | |
| | 34 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 2 | EO | xxx | 3/1 | Company | |
| | 35 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | 2 | EO | xxx | 3/1 | Company | |
| | 36 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | 2 | EO | xxx | 3/1 | Company | |
| | 37 | RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) | 2 | N/A | xxx | 3/15 | Company | |
| | 38 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 39 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |

| | | | | | | | | |
|--|----|--|-----|-----|-----|------------------------|---------|--|
| | 40 | 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 | |
| | 41 | 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 | |
| | 42 | 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 | |
| | 43 | RBC Certification required under C-3 Phase I | 2 | EO | xxx | 3/1 | Company | |
| | 44 | RBC Certification required under C-3 Phase II | 2 | EO | xxx | 3/1 | Company | |
| | 45 | Statement on non-guaranteed elements – Exhibit 5 Int. #3 | 2 | EO | xxx | 3/1 | Company | |
| | 46 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2 | 2 | EO | xxx | 3/1 | Company | |
| | | | | | | | | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 60 | Annual Statement Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 61 | March .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 62 | Risk-Based Capital Electronic Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 63 | Risk-Based Capital .PDF Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 64 | Separate Accounts Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 65 | Separate Accounts .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 66 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 67 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 68 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 69 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 70 | 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 | xxx | 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 | N/A | 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 | Request for Exemption to File | 2 | N/A | N/A | | Company | |
| | 89 | Relief from the five-year rotation requirement for lead audit partner | 2 | EO | xxx | 3/1 | Company | |
| | 90 | Relief from the one-year cooling off period for independent CPA | 2 | EO | xxx | 3/1 | Company | |
| | 91 | Relief from the Requirements for Audit Committees | 2 | EO | xxx | 3/1 | Company | |

*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 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

| | V. STATE REQUIRED FILINGS*** | Domestic | NAIC | Foreign | Due Date | | |
|-----|--|----------|------|---------|----------|---------|--|
| 101 | Filings Checklist (with Column 1 completed) Foreign Insurers – DO NOT SEND IN A COPY OF THE CHECKLIST! | 1 | 0 | 0 | | State | Domestic Only Foreign Insurers – DO NOT SEND IN A COPY OF THE CHECKLIST! |
| 102 | State Filing Fees All filings fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. For additional questions, please contact the Accounting Division: 501-371-2605. | 1 | 0 | 1 | | State | |
| 103 | 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 Requirement |
| 104 | Certificate of Deposit: Not required for Fraternal companies. | xxx | 0 | 0 | 3/1 | State | |
| 105 | Annual Continuation Form & Fees http://www.insurance.arkansas.gov/Accounting/PREMIUMTAXPAGE.htm | 1 | 0 | 1 | 3/1 | State | |
| 106 | Anti-Fraud Assessment- http://www.insurance.arkansas.gov/Accounting/divpage.htm Due No later than June 30th each year. For questions: 501-371-2605, 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 |
| 107 | Mandatory AR Comprehensive Health Ins Pool Form- The Arkansas Comprehensive Health Insurance Pool coverage ended on December 31, 2013. DISCONTINUED FORM | 0 | 0 | 0 | n/a | State | Foreign and Domestic |
| 108 | Anti-Fraud Plan: http://www.insurance.arkansas.gov/cid.htm 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.] | 1 | 0 | 1 | | Company | Foreign and Domestic |

| | | | | | | | |
|-----|--|---|---|---|-----|-------|----------------------|
| 109 | <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. <u>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.</u></p> | 1 | 0 | 1 | 6/1 | State | Foreign and Domestic |
| 110 | <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 |
| | | | | | | | |

| NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | | |
|---|---|---|
| A | <p>Required Filings Contact Person:</p> <p>Contact for Annual Continuation Form Carla Kincannon Accounting Division 501-371-2605 carla.kincannon@arkansas.gov</p> | <p>Contact for Financial Statements:</p> <p>Kimberly Johnson, Insurance Examiner Finance Division 501-371-2680, fax 501-371-2747 Kimberly.johnson@arkansas.gov</p> |
| B | <p>Mailing Address:</p> <p>ANNUAL/QUARTERLY STATEMENTS</p> <p>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</p> | <p>Arkansas Insurance Department 1200 W. Third Street Little Rock, AR 72201-1904 Attn: Kimberly Johnson/Finance</p> |
| C | <p>Mailing Address for ANNUAL CONTINUATION FORM & FEES:</p> <p>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</p> | <p>Arkansas Insurance Department 1200 W. 3rd Street Little Rock, AR 72201-1904 Attn: Accounting Division</p> |
| D | Left blank | Left blank |
| E | <p>Delivery Instructions:</p> <p>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. 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) <u>Remember to provide a newly signed jurat page with all amended filings.</u> | Foreign Companies: email amended filing, with an explanation of what is being amended to Kimberly.johnson@arkansas.gov |
| J | Exceptions from normal filings: Submit requests for extensions/exemptions to : Brenda Haggard, Manager of Financial Analysis. Arkansas Insurance Department 1200 W. Third Street Little Rock, AR 72201-1904 Attn: Finance Division | 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. |
| L | Signed Jurat: <i>for Foreign Companies only</i> | <i>Do not send in a hard copy</i> , 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. |

**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 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 (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 (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.

W:\QA\BLANKS\CHECKLISTS\2015_filingsmade2016\fratcklist_2015_filingsmade2016.docx