

PROPERTY & CASUALTY INSURERS

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" x 14")	2	EO	Xxx	3/1	NAIC	A, B, E, F, G, H, I, J, K, L
	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	
	3	Protected Cell Annual Statement	2	0	Xxx	3/1	NAIC	If applicable
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	Xxx	5/1	NAIC	If applicable
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	Xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	Xxx	3/15	Company	
	13	Bail Bond Supplement	2	EO	Xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	Xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	Xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	2	EO	Xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	Xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	Xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	2	EO	Xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	2	EO	Xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	Xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	Xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	Xxx	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	Xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	Xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	2	EO	Xxx	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	Xxx	3/1	NAIC	
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	34	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	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	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	NAIC	
	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	If applicable
78	Request for Exemption to File	1	N/A	N/A		Company	If applicable
79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	If applicable
80	Relief from the five-year rotation requirement for lead audit partner	1	EO	1	3/1	Company	If applicable
81	Relief from the one-year cooling off period for independent CPA	1	EO	1	3/1	Company	If applicable
82	Relief from the Requirements for Audit Committees	1	EO	1	3/1	Company	If applicable
V. STATE REQUIRED FILINGS							
101	Filings Checklist (with Column 1 completed)	1	0	0		State	Domestic Only Requirement
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: Send under separate cover to: Malisa Landers, Securities Administrator. See Note E for mailing address. The Certificate of Deposit must be sent in hard copy form only. Questions: 501-371-2679 E-mail: Malisa.landers@arkansas.gov All foreign insurance companies who hold a certificate of authority in Arkansas <u>are required</u> to send <u>under separate cover</u> an original Certificate of Deposit from their state of domicile.	xxx	0	1	3/1	State	Foreign Only Requirement
105	Premium tax http://www.insurance.arkansas.gov/Accounting/divpage.htm	1	0	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, 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
107	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
108	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>	1	0	1	6/1-	State	Foreign and Domestic
109	Arkansas Rural Risk Underwriting Association (ARRUA) Premium Reporting Form http://insurance.arkansas.gov/PandC/Dataareports.htm Due Annually March 1st ARRUA Assessment Information can be found at http://insurance.arkansas.gov/PandC/Dataareports.htm Payment when applicable must be mailed to Sandy Williams, ARRUA Plan Manager, American Underwriters Ins Company, PO Box 2020, Conway, AR 72032. Remittance made payable to ARRUA. Due December 31st. Contact Becky Harrington, Becky.Harrington@arkansas.gov	1 1	0 0	1 1	3/1 12/31	State State	Foreign and Domestic Foreign and Domestic
110	AR166 Report Information can be found at http://insurance.arkansas.gov/PandC/Dataareports.htm Contact Nancy Horton, nancy.horton@arkansas.gov	1	0	1	5/1	State	Foreign and Domestic

111	Act 1345- County Fire Loss Annual Report http://insurance.arkansas.gov/PandC/Datareports.htm The form is to be emailed to the attention of Becky.Harrington@arkansas.gov , as an Excel spreadsheet. Due Annually, June 1st Contact Person: Becky Harrington, becky.harrington@arkansas.gov	1	0	1	6/1	State	Foreign and Domestic
112	Consumer Credit & Credit Scoring Report http://insurance.arkansas.gov/PandC/Datareports.htm The form is to be emailed as an Excel spreadsheet to alexa.grissom@arkansas.gov . Due Annually March 31st Contact Person: Alexa Grissom, 501-371-2800	1	0	1	3/31	State	Foreign and Domestic
113	Earthquake Market Analysis http://insurance.arkansas.gov/PandC/Datareports.htm The form is to be emailed to Becky.Harrington@arkansas.gov . Due Annually April 1st Contact Person: Becky Harrington, becky.harrington@arkansas.gov	1	0	1	4/1	State	Foreign and Domestic
114	Property & Casualty Guaranty Fund Form http://insurance.arkansas.gov/Liquidation/divpage.htm Due Annually March 1st —Questions: 501-371-2776- the link to this form is called: Premiums to Mandatory P&C Guaranty Fund Information Sheet.	1	0	1	3/1	State	Foreign and Domestic
115	Affiliated Transaction Disclosure Form for Arkansas Domestics not subject to the Holding Co ACT- The original and one copy of the form should be mailed to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1200 West Third Street Little Rock, AR 72201-1904 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: http://www.insurance.arkansas.gov/finance/financialstmt/homepagefiles/FormAIDFISTDR.doc This form may be modified in a non-substantive manner to accommodate reporting.	2	0	0	3/1, 5/15, 8/15, 11/15	State	All domestic companies (except FMAAs) which are not subject to the Holding Company Act
116	Holding Company Registration Statement <i>For Domestic Companies only</i> - See Rule 15 at: http://www.insurance.arkansas.gov/Legal%20Dataservices/rnpage.htm 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), <i>annually on or before May 1st</i> . The Form B filing shall be accompanied by the proper Rule 57 fee.	2	0	0	5/1	Company	
117	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.]	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	<p>Required Filings Contact Person:</p>	<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 Premium Taxes Accounting Division 501-371-2605 Insurance.accounting@arkansas.gov</p>
B	<p>Mailing Address: ANNUAL/QUARTERLY STATEMENTS All items must be mailed 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</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 STATEMENT FILING 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	<p>Mailing Address for Premium Tax Payments:</p> <p>DO NOT MAIL PREMIUM TAX PAYMENTS WITH ANNUAL STATEMENTS.</p>	<p>Arkansas Insurance Department 1200 W. 3rd Street Little Rock, AR 72201-1904 Attn: Accounting Division</p>
E	<p>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. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)</i></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. 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>		Domestic Companies: File 2 copies of the amended items within 10 days of the amendments, including an explanation of the amendment. If there are <u>signature requirements</u> for the original filing, it should be followed for any amendment. 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. Mailing address: See Note 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: <u>for Foreign Companies only</u>		<u>Do not send in a hard copy</u> , 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.
N	Filings new, discontinued or modified materially since last year:		

**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 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 *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Statement Electronic Filing* includes the complete quarterly statement data.

The *Quarterly Statement .PDF Filing* is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

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 (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.