

RISK RETENTION GROUPS

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 |
|---------------------------------------------------|------------------|------------------------------------------------------------------|--------------------------|------|------------------|---------------------------|-------------------------|---------------------------------|
| | | | State | NAIC | Foreign 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 | |

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| 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 | Premium tax http://www.insurance.arkansas.gov/Accounting/divpage.htm | 1 | 0 | 1 | | State | |
| 105 | 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 |
| 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 |
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*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:</p> <p>ANNUAL/QUARTERLY STATEMENTS</p> <p>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:</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> (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> |

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| 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: | | |
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**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.