

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: ARIZONA 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 State	NAIC	Foreign State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	A THRU P
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A,F,G,H,L
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance for Indexed Annuities	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	14	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	Xxx	3/1 Foreign 3/31 Domestic	Company	P
	15	Actuarial Opinion	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	A,F,P, V, W
	16	Actuarial Opinion on X-Factors	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	20	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	
	22	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	

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			Domestic State	NAIC	Foreign State			
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	0	EO	xxx	4/1	NAIC	X
	25	Health Care Exhibit's Allocation Report Supplement	0	EO	xxx	4/1	NAIC	X
	26	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	27	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	30	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	32	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,F,O
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	P
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	P
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	P
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	P

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	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	P
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	Company	P
	40	Risk-Based Capital Report	1	EO	xxx	3/31 Domestic Only	NAIC	A,P,Q
	41	RBC Certification required under C-3 Phase I	1	EO	xxx	3/31 Domestic Only	Company	
	42	RBC Certification required under C-3 Phase II	1	EO	xxx	3/31 Domestic Only	Company	
	43	Schedule SIS	1	N/A	N/A	3/31 Domestic	NAIC	
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	45	Statement on par/non-par policies – Exhibit 5 Int. 1 & 2	1	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	46	Supplemental Compensation Exhibit	1	N/A	N/A	3/31 Domestic	NAIC	
	47	Supplemental Schedule O	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	48	Trusted Surplus Statement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	P
	49	Workers' Compensation Carve Out Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	0	1	xxx	3/1	NAIC	P
	51	March .PDF Filing	0	1	xxx	3/1	NAIC	P
	52	Risk-Based Capital Electronic Filing	0	1	N/A	3/1	NAIC	P
	53	Risk-Based Capital .PDF Filing	0	1	N/A	3/1	NAIC	P
	54	Separate Accounts Electronic Filing	0	1	xxx	3/1	NAIC	P
	55	Separate Accounts .PDF Filing	0	1	xxx	3/1	NAIC	P
	56	Supplemental Electronic Filing	0	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	0	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	0	1	xxx	6/1	NAIC	

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		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	A,F,R
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	A,J
	74	Communication of Internal Control Related Matters Noted in an Audit	1	N/A	N/A	8/1	Company	A,F,R
	75	Independent CPA (Change)	1	N/A	N/A	6/1	Company	A
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A,F,R
	77	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	A,F,R
	78	Request for Exemption to File	1	N/A	N/A	Prior to 6/1	Company	A,F,J
	79	Relief from five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A
	80	Relief from one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A
	81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A
		V. STATE REQUIRED FILINGS						
	101	Actuarial Certification of Rates for Small Employer Health Benefits Plans <u>and</u> Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1	State	T
	102	Arizona State Page	1	xxx	xxx	3/1 Foreign 3/31 Domestic	NAIC	A,F
	103	Audited Financial Report Transmittal Form E-AFR	1	0	0	6/1	State	A,F,R
	104	Audited Financial Report Internal Control Filings Transmittal Form E-AFR.IC	1	0	0	8/1	State	A,F,R
	105	Certificate of Disclosure Form E-178	2	0	1	3/1 Foreign 3/31 Domestic	State	F,G,S
	106	Credit Life, Disability, and Unemployment Insurance Experience Report <u>and</u> Credit Property Insurance Experience Report	1	0	1	4/1	State	T
	107	Form B and C Insurance Holding Company System Registration Statement	1	0	N/A	3/31 Domestic	State	U

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			Domestic State	NAIC	Foreign State			
	108	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	T
	109	Management Discussion and Analysis Transmittal - Form E-MDA	1	0	0	4/1	State	A,F,O
	110	NAIC Filings Checklist Form E-NAIC.LD (Pages 1 thru 4 Only of this form with Column 1 and contact information completed)	1	0	1	3/1 Foreign 3/31 Domestic	State	A
	111	Premium Tax Form E-TAX	1	0	1	3/1	State	D, N
	112	Records Location Information Form E-176	1	0	0	3/31	State	A
	113	Regulatory Asset Adequacy Issues Summary	1	0	xxx	3/15 Domestic Only	Company	V, W
	114	State Filing Fees with Form E-TAX	1	0	1	3/1 Foreign 3/31 Domestic	State	C,F
	115	Signed Jurat	2	xxx	xxx	3/1 Foreign 3/31 Domestic	NAIC	A,L

*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:</p> <p>Foreign - Due 3/01 Domestic - Due 3/31</p> <p>Arizona Department of Insurance ATTN: Insurance Tax Unit Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins System.</p> <p>ALSO SEE NOTE N</p>
D	<p>Mailing Address for Premium Tax Payments:</p> <p>Premium Tax Due Dates: Annual Tax Payment Due 3/1 Six Installment Tax Payments Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15</p> <p>Arizona Department of Insurance ATTN: Insurance Tax Unit Financial Affairs Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269</p> <p>Contact Person: Susan Yepez (602) 364-3997 E-mail address: SYepez@azinsurance.gov</p> <p>Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins 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:</p> <p>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>
G	<p>Original Signatures:</p> <p>DOMESTIC: Original signatures are required on all filings except for the Duplicate Annual Statement.</p>

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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 explanation. Signature requirements apply.
J	Exceptions from normal filings:	<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	Domestic – Must have ORIGINAL NOTARIZED SIGNATURES OF TWO (2) OF YOUR EXECUTIVE OFFICERS <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u>
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 OPT^{ins} SYSTEM.
O	Management Discussion and Analysis Report Transmittal Form E-MDA	Form E-MDA MUST be completed and attached to front cover of the Management Discussion and Analysis Report filed with us.
P	NAIC E-Filings:	NAIC E-Filing due date for an Arizona Domestic Company not licensed in any other state is 3/31 (ARS § 20-234)
Q	Risk-Based Capital (RBC)	Must be a bound copy separate from the Annual Statement (not bound inside Annual Statement).
R	Audited Financial Report Transmittal Form E-AFR Due 6/1 Internal Control Filings Transmittal Form E-AFR.IC Due 8/1 Communication of Internal Control Related Matters Noted in an Audit must be filed even if NO unremediated material weaknesses were noted (so state).	<p>Form E-AFR MUST be completed and attached to front cover of the Audited Financial Report filed with us.</p> <p>Form E-AFR.IC MUST be completed and attached to the Internal Control documents filed with us.</p>

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S	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.
T	<p>1. HIPAA Reports Due 3/1</p> <p>Other Life & Health Division Reports Due 4/1:</p> <p>2. Credit Life, Disability, and Unemployment Insurance Experience Report</p> <p>3. Credit Property Insurance Experience Report</p> <p>4. Actuarial Certification of Rates for Small Employer Health Benefits Plans</p> <p>5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates</p> <p>Call our Life and Health Division at (602) 364-2393 for assistance with these filings.</p> <p>Mail To: Arizona Department of Insurance ATTN: Life and Health Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018</p> <p>DO NOT send these reports in your Annual Statement package.</p>	<p>1. HIPAA Reports (due March 1) must be filed if you offer health insurance coverage in the individual market. ARS § 20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III.</p> <p>2. Credit Life, Disability, and Unemployment Insurance Experience Report (due April 1) must be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07.</p> <p>3. Credit Property Insurance Experience Report (due April 1) must be filed if you write credit property insurance in Arizona. ARS 20-1621.05</p> <p>The forms above are on our web site at http://www.azinsurance.gov/insforms.html#section_two-a Scroll down to “Life and Health Division Reporting Forms.”</p> <p>4. Actuarial Certification of Rates for Small Employer Health Benefits Plans (due April 1) must be filed if you are an approved Accountable Health Plan. ARS § 20-2311(E).</p> <p>5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates (due April 1) must be filed if you are an approved Accountable Health Plan. ARS § 20-2311(G).</p>
U	<p>Form B and C Insurance Holding Company System Registration Statement. Due 3/31</p> <p>DO NOT send in Annual Statement package.</p> <p>Mail to ATTN: Compliance Section Use Instruction B mailing address</p>	<p>ARIZONA DOMESTIC COMPANIES ONLY.</p> <p>See Forms E-185, E-185B, E-185C, E-185D, E-185XD and E-110, available on our web site at http://www.azinsurance.gov/corp_misc.html</p>
V	Statement of Actuarial Opinion ALSO SEE NOTE W	<p>See ARS Title 20, Chapter 3, Article 8. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</p>
W	Regulatory Asset Adequacy Issues Summary Due 3/15 ARIZONA DOMESTICS ONLY	<p>Mail ONE original in envelope stamped or labeled “Confidential” to: Attention: David Lathrop, CFE, Financial Analyst (see Instruction B for mailing address)</p>
X	Health Care Supplements	You are not required to file hard copies of these new Supplements with us.

LIFE, ACCIDENT AND HEALTH INSURERS
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 **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 **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 **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement 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 (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.