

PROPERTY & CASUALTY 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 FILING 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 ½" x 14")	2	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	A THRU R
	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 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A,F,G,H,L,N, T
	3	Protected Cell Annual Statement	1	0	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	0	EO	xxx	5/1	NAIC	
		II. NAIC FINANCIAL SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	xxx	3/1 Foreign 3/31 Domestic	Company	A,F,P, X
	12	Actuarial Opinion Summary	1	N/A	N/A	3/31 Domestic Only	Company	X
	13	Bail Bond Supplement	1	EO	1	3/1 Foreign 3/31 Domestic	NAIC	Y
	14	Combined Insurance Expense Exhibit	0	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	1	EO	xxx	5/15, 8/15/ 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	0	EO	xxx	4/1	NAIC	Y
	20	Health Care Exhibit's Allocation Report Supplement	0	EO	xxx	4/1	NAIC	Y
	21	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	23	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,F,O
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P

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			Domestic		Foreign			
			State	NAIC	State			
	26	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	P
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1 Foreign 3/31 Domestic	Company	P
	29	Reinsurance Summary Supplemental	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	30	Risk Based Capital Report	1	EO	xxx	3/1 Foreign 3/31 Domestic	NAIC	A,P,Q
	31	Schedule SIS	1	N/A	N/A	3/31 Domestic	NAIC	
	32	Supplement A to Schedule T	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	NAIC	P
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/31 Domestic	NAIC	
	34	Trusted Surplus Statement	1	EO	xxx	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15	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	Combined Annual Statement Electronic Filing	0	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	0	1	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	0	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	0	1	xxx	4/1	NAIC	
	58	Quarterly 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	
		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

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			Domestic State	NAIC	Foreign State			
	74	Communication of Internal Control Related Matters Noted in 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	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	Prior to 6/1	Company	A
	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A
	81	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A
	82	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 and Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1	State	U
	102	Arizona Special Schedule P Form E-478 for Arizona Workers' Compensation Deposit	1	0	1	4/15	State	W
	103	Arizona State Page	1	0	xxx	3/1 Foreign 3/31 Domestic	NAIC	A,F
	104	Audited Financial Report Transmittal Form E-AFR	1	0	0	6/1	State	A,F,R
	105	Audited Financial Report Internal Control Filings Transmittal Form E-AFR.IC	1	0	0	8/1	State	A,F,R
	106	Certificate of Disclosure Form E-178	2	0	1	3/1 Foreign 3/31 Domestic	State	F,G,S
	107	Credit Life, Disability, and Unemployment Insurance Experience Report and Credit Property Insurance Experience Report	1	0	1	4/1	State	U
	108	Form B and C Insurance Holding Company System Registration Statement	1	0	N/A	3/31 Domestic	State	V
	109	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	U

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			Domestic State	NAIC	Foreign State			
	110	Industrial Insured Policies Issued Report- Form E-PC.INDINS	1	0	1	3/1 Foreign 3/31 Domestic	State	
	111	Management Discussion and Analysis Transmittal - Form E-MDA	1	0	0	4/1	State	A,F,O
	112	Mortgage Guaranty Insurers Only - Confidential Supplementary Schedule F-5, see Form E-MG.CEDE	1	0	1	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15 All	State	T
	113	Mortgage Guaranty Insurers Only - Minimum Policyholders Position Report Form E-MG.MPP	1	0	1	3/1 Foreign 3/31 Domestic 5/15, 8/15, 11/15 All	State	T
	114	NAIC Filings Checklist Form E-NAIC.PC (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
	115	Premium Tax Form E-TAX	1	0	1	3/1	State	D, N
	116	Producer Controlled Property and Casualty Insurance Report- Form E-PC.350	1	0	0	3/31 DOMESTIC ONLY	State	
	117	Records Location Information Form E-176	1	0	0	3/31 DOMESTIC ONLY	State	A
	118	Signed Jurat	2	0	xxx	3/1 Foreign 3/31 Domestic	NAIC	A,L
	119	State Filing Fees with Form E-TAX	1	0	1	3/1 Foreign 3/31 Domestic	State	C,F

*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	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 OR E-mail address: AMccormack@azinsurance.gov
B	Mailing Address:	Arizona Department of Insurance ATTN: Financial Affairs Division Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269
C	Mailing Address for Annual Filing Fees: Foreign - Due 3/01 Domestic - Due 3/31	Arizona Department of Insurance ATTN: Insurance Tax Unit 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.htm and the NAIC OPTins System. ALSO SEE NOTE N
D	Mailing Address for Premium Tax Payments: 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	Arizona Department of Insurance ATTN: Insurance Tax Unit 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 Contact Person: Susan Yopez (602) 364-3997 E-mail address: SYopez@azinsurance.gov Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins System. ALSO SEE NOTE N
E	Delivery Instructions:	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.
F	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.	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.
G	Original Signatures:	DOMESTIC: Original signatures are required on all filings except for the Duplicate Annual Statement.
H	Signature/Notarization/Certification:	NOTARIZED SIGNATURES MUST BE OF AT LEAST TWO (2) OF YOUR EXECUTIVE OFFICERS, WHO ARE LISTED ON YOUR JURAT PAGE.

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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 on any other state is 3/31 (ARS § 20-234)
Q	Risk-Based Capital (RBC) Due 3/31- Domestic Insurers <u>EXCLUDING</u> MONO-LINE MORTGAGE GUARANTY Only	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>
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.

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T	<p>ALL Mortgage Guaranty Insurers must file a hard copy Quarterly Statement with us, including the Confidential Supplementary Schedule F-5 and Form E-MG.MPP</p>	<p>See Forms E-MG.CEDE and E-MG.MPP posted on our web site</p>
U	<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>
V	<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: Arizona Department of Insurance ATTN: Financial Affairs Division- Compliance Section 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018</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>
W	<p>Arizona Special Schedule P Form E-478, Annual Report of Arizona Workers' Compensation Losses and Loss Expenses Form E-WCA Due 4/15</p>	<p>Must be filed by each company transacting Arizona workers' compensation insurance or reinsurance. Forms available at http://www.azinsurance.gov/corp_misc.html</p>

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X	Due 3/31 Actuarial Opinion Summary ARS Title 20, Chapter 3, Article 9. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20	ARIZONA DOMESTICS ONLY: File only ONE original document, stamped or labeled "Confidential" – attach it to the INSIDE cover of your <u>DUPLICATE</u> Annual Statement.
Y	Health Care Supplements Due 4/1	You are not required to file hard copies of these new Supplements with us.

General Instructions

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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 the annual statement, detail for investment schedules and all 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 supplements due April 1.

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

The **Quarterly Statement .PDF Filing** is the .pdf 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 (generally, on its web site). 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.