

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Required Filings in the State of FLORIDA **Filings Made During the Year** 2010

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR FLORIDA	(4) NUMBER COPIES			(5) DUE DATE	(6) FORM SOURCE***	NOTE REFERENCES
			Domestic		Foreign State*			
			State	NAIC				
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14") with printed Investment Schedule detail (Pages E01 - E27).	REFS	EO	XXX	1-Mar	NAIC	A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, W, X, Z
	2	Signed/Notarized Jurat Page	REFS	EO	REFS	3/1, 5/15, 8/15, 11/15	NAIC	A, B, C, E, F, G, H, J, M
	3	Quarterly Financial Statement (8 1/2" x 14")	REFS	EO	XXX	5/15, 8/15, 11/15	NAIC	A, B, C, E, F, G, H, I, J, K, L, M, N, W
	4	Separate Accounts Annual Statement (8 1/2"x14")	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, G, H, K
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	11	Actuarial Certification Related Annuity Non-forfeiture Compliance	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	12	Actuarial Opinion on X-Factors	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	13	Actuarial Opinion on Separate Accounts Funding	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	15	Interest Sensitive Life Insurance Products Report	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	16	Investment Risk Interrogatories	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	17	Long Term Care Experience Reporting Forms	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	18	Management Discussion & Analysis	REFS	EO	XXX	1-Apr	Company	A, B, E, F, I, K, L, N
	19	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, L, N
	20	Medicare Part D Coverage Supplement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E, F, I, K, L, N
	21	Reasonableness of Assumptions Certification	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	22	Reasonableness & Consistency of Assumptions Certification	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	23	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	24	Reasonableness & Consistency of Assumptions Certif. (Updated average market value)	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	25	Reasonableness & Consistency of Assumptions Certification (Updated Market Value)	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	26	Risk-Based Capital Report	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, N, Z
	27	RBC Certification Required Under C-3 Phase I	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K
	28	RBC Certification Required Under C-3 Phase II	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K
	29	Statement of Actuarial Opinion (Based on Asset Adequacy Analysis)*	REFS	EO	XXX	1-Mar	Company	A, B, E, F, I, K, Q, X
	30	Statement on non-guaranteed elements - Exhibit 5 Int. #3	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	31	Statement on participating/non-participating policies – Exhibit 5 Int. 1.1	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	32	Supplemental Compensation Exhibit	REFS	N/A	N/A	1-Mar	NAIC	A, B, E, F, K, N
	33	Trusted Surplus Statement	REFS	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E, F, K, N
III. ELECTRONIC FILING REQUIREMENTS								
	34	Annual Statement Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	35	March .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	36	Separate Accounts Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	37	Separate Accounts .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	38	Supplemental Electronic Filing	XXX	1	XXX	1-Apr	NAIC	N
	39	Supplemental .PDF Filing	XXX	1	XXX	1-Apr	NAIC	N
	40	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	41	Quarterly .PDF Filing	XXX	1	XXX	11/15	NAIC	N
	42	June .PDF Filing	XXX	1	XXX	1-Jun	NAIC	N
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	REFS	N/A	XXX	1-Jun	Company	A, B, F, K, Y
	52	Audited Financial Statements	REFS	EO	XXX	1-Jun	Company	A, B, F, K, Y
	53	Audited Financial Statements Exemption Affidavit (if Applicable)	REFS	N/A	REFS	1-Mar	Company	A, B, F, K, Y
	54	Designation of Independent CPA/Awareness Letter	REFS	N/A	XXX	12/31/09	Company	A, B, F, K, Y
	55	Notification of Adverse Financial Condition	REFS	N/A	REFS	5 Days	Company	A, B, F, K, Y
	56	Report of Significant Deficiencies in Internal Controls (SEE BELOW)**	REFS	N/A	REFS**	1-Jun	Company	A, B, F, K, Y
	57	Request For Exemption to File	REFS	N/A	REFS	N/A	Company	A, B, F, K, Y
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	XXX	N/A	REFS	1-Mar	State	A, B, E, F, K, O
	102	Certificate of Deposit	XXX	N/A	REFS	1-Mar	State	A, B, E, F, K, P
	103	Certificate of Valuation	XXX	N/A	REFS	1-Mar	State	A, B, E, F, K, Q
	104	Filings Checklist (with Column 1 completed)	REFS	N/A	XXX	1-Mar	State	W
	105	Regulatory Asset Adequacy Issues Summary*	REFS	N/A	REFS	15-Mar	Company	A, B, E, G, J, M, N, X
	106	Statement of Actuarial Opinion (Based on Asset Adequacy Analysis)*	REFS	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N, X
	107	Signed/Notarized Jurat Page	REFS	N/A	REFS	3/1, 5/15, 8/15, 11/15	Company	A, B, C, E, F, G, H, J, M
	108	Florida Premium tax	1	N/A	1	FL Dept. of Revenue	FL Dept. of Revenue	D
	109	State Filing Fees	1	N/A	1	3/1, 5/15, 8/15, 11/15	FL Dept. of Revenue	C
	110	Florida Service of Process Consent and Agreement	1	N/A	1	Keep Current	State	A, B, E, F, K, S
	111	Insurance Department Financial Exams	N/A	N/A	REFS	When Public	State	A, B, E, F, K, T
	112	Holding Company Registration Statement	REFS	N/A	XXX	Keep Current	Company	A, B, E, F, H, V
	113	Disclosure of Material Transactions	REFS	N/A	XXX	As Required	State	A, B, E, F, K, R
	114	Certificate of Authority Annual License Tax	1	N/A	1	30-May	State	A, F, K, AA

*If XXX appears in this column, this state does not require this filing if a copy is filed with the state of domicile and/or the data is filed electronically with the NAIC. **Should be submitted through REFS only if there are significant deficiencies/reportable conditions in internal control.