

LIFE, ACCIDENT AND HEALTH INSURERS (Health Blank)
(not applicable for Fraternal Societies or HMOs)

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 OF COPIES*			(5) DUE DATE	(6) FORM SOURCE	NOTE REFERENCES
			Domestic		Foreign			
			State	NAIC				
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14") with printed Investment Schedule detail (Pages E01 - E25).	REFS	EO	XXX	3/1	NAIC	A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, W, X, Z
	1.1	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
	2	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
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	11	Investment Risks Interrogatories	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N, X
	12	Life Supplemental Data Due March 1	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, L, N
	13	Life Supplemental Statement non-guaranteed elements-EX. 5, Int. #3	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	14	Life Supp Statement on par/non-par policies - Exh 5 Int. 1.1	XXX	EO	XXX	1-Mar	Company	A, B, E, F, I, K, L, N
	15	Life Supplemental Data due April 1	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	17	Adjustments to the Life, Health & Annuity Guaranty Association Model Act	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	18	Long Term Care Experience Reporting Forms - A, B, C	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	19	Management Discussion & Analysis	REFS	EO	XXX	1-Apr	Company	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, K, N
	21	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, L, N
	22	Risk-Based Capital Report	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, N, Z
	23	Schedule SIS	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K
	24	Statement of Actuarial Opinion (Based on Asset Adequacy Analysis)*	XXX	EO	XXX	1-Mar	Company	A, B, E, F, I, K, Q, X
	25	Property/Casualty Supplement	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, K
	26	Property/Casualty Supplement	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K
	27	Supplemental Compensation Exhibit	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K, N
	28	Trusted Surplus Statement	REFS	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E, F, K, N
III. NAIC ELECTRONIC FILING REQUIREMENTS								
	30	Annual Statement Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	31	March .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	32	Risk-Based Capital Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	33	Risk-Based Capital .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	34	Supplemental Electronic Filing	XXX	1	XXX	1-Apr	NAIC	N
	35	Supplemental .PDF Filing	XXX	1	XXX	1-Apr	NAIC	N
	36	June .PDF Filing	XXX	1	XXX	1-Jun	NAIC	N
	37	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	38	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	39	June .PDF Filing	XXX	1	XXX	1-Jun	NAIC	N
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	REFS	EO	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	EO	REFS	1-Mar	Company	A, B, F, K, Y
	54	Designation of Independent CPA/Awareness Letter	REFS	N/A	XXX	Prior to 12/31	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 to File a Consolidated or Combined Statement	REFS	N/A	REFS	Prior to 12/31	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	EO	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	Florida Premium tax	1	N/A	1	FL Dept. of Revenue	FL Dept. of Revenue	D
	108	State Filing Fees	1	N/A	1	3/1, 5/15, 8/15, 11/15	FL Dept. of Revenue	C
	109	Florida Service of Process Consent and Agreement	1	N/A	1	Keep Current	State	A, B, E, F, K, S
	110	Insurance Department Financial Exams	N/A	N/A	REFS	When Public	Domicile State	A, B, E, F, K, T
	111	Reinsurance Summary Statement	REFS	N/A	XXX	See Note U	State	A, B, E, F, H, K, U
	112	Holding Company Registration Statement	REFS	N/A	XXX	Keep Current	State	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 a 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.