

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

COMPANY NAME: _____ NAIC Company Code: _____

Required Filings in the State of FLORIDA Filings Made During the Year 2009

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR FLORIDA	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE	
			Domestic		Foreign			
			State	NAIC				
I. NAIC FINANCIAL STATEMENTS								NOTES REFERENCE
	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
	1.1	Signed/Notarized Jurat Page	REFS	EO	REFS	1-Mar	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
	3	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	Statement of Actuarial Opinion (Based on Asset Adequacy Analysis)*	REFS	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N, X
	12	Actuarial Certification Related Annuity Nonforfeiture Compliance	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	13	Actuarial Opinion on X-Factors	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	14	Actuarial Opinion on Separate Accounts Funding	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	15	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	16	Credit Insurance Experience Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	17	Interest Sensitive Life Insurance Products Report	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	18	Investment Risk Interrogatories	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	20	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	21	Long Term Care Experience Reporting Forms	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	22	Management Discussion & Analysis	REFS	EO	XXX	1-Apr	Company	A, B, E, F, I, K, L, N
	23	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, L, N
	24	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
	25	Reasonableness of Assumptions Certification	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	26	Reasonableness & Consistency of Assumptions Certification	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	27	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	28	Reasonableness & Consistency of Assumptions Certif. (Updated average market value)	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	29	Reasonableness & Consistency of Assumptions Certification (Updated Market Value)	REFS	EO	XXX	5/15, 8/15, 11/15	Company	AB
	30	Risk-Based Capital Report	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, N, Z
	31	RBC Certification required under C-3 Phase I	XXX	EO	XXX	1-Mar	Company	A, B, E, F, I, K, N, Z
	32	RBC Certification required under C-3 Phase II	XXX	EO	XXX	1-Mar	Company	A, B, E, F, I, K, N, Z
	33	Schedule SIS	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K
	34	Statement on non-guaranteed elements - Exhibit 5 Int. #3	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	35	Statement on participating/non-participating policies – Exhibit 5 Int. 1.1	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	36	Supplemental Compensation Exhibit	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K, N
	37	Supplemental Schedule O	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, K
	38	Trusteed Surplus Statement (Alien Insurer With FL. State of Entry)	REFS	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E, F, K, N
	39	Workers' Compensation Carve Out Supplement	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, K
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	XXX	EO	XXX	1-Mar	NAIC	N
	41	March .PDF Filing	XXX	EO	XXX	1-Mar	NAIC	N
	42	Risk-Based Capital Electronic Filing	XXX	EO	XXX	1-Mar	NAIC	N
	43	Separate Accounts Electronic Filing	XXX	EO	XXX	1-Mar	NAIC	N
	44	Separate Accounts .PDF Filing	XXX	EO	XXX	1-Mar	NAIC	N
	45	Supplemental Electronic Filing	XXX	EO	XXX	1-Apr	NAIC	N
	46	Supplemental .PDF Filing	XXX	EO	XXX	1-Apr	NAIC	N
	47	Quarterly Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	N
	48	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	N
	49	June .PDF Filing	XXX	EO	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	12/31/2008	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	31-Dec	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
	104.1	Regulatory Asset Adequacy Issues Summary*	REFS	N/A	REFS	15-Mar	Company	A, B, E, G, J, M, N, X
	104.2	Statement of Actuarial Opinion (Based on Asset Adequacy Analysis)*	REFS	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N, X
	105	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
	106	Florida Premium tax	1	N/A	1	FL Dept. of Revenue	FL Dept. of Revenue	D
	107	State Filing Fees	1	N/A	1	3/1, 5/15, 8/15, 11/15	FL Dept. of Revenue	C
	108	Florida Service of Process Consent and Agreement	1	N/A	1	Keep Current	State	A, B, E, F, K, S
	109	Insurance Department Financial Exams	N/A	N/A	REFS	When Public	Domicile State	A, B, E, F, K, T
	110	Reinsurance Summary Statement	REFS	N/A	XXX	See Note U	State	A, B, E, F, H, K, U
	111	Holding Company Registration Statement	REFS	N/A	XXX	Keep Current	State	A, B, E, F, H, V
	112	Disclosure of Material Transactions	REFS	N/A	XXX	As Required	State	A, B, E, F, K, R
	113	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 if the data is filed electronically with the NAIC. **Should be submitted through REFS only if there are significant deficiencies/reportable conditions in internal control.