

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____

NAIC Company Code: _____

Contact: _____

Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____

Filings Made During the Year 2009

(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" x 14")	xxx	EO	xxx	3/1	NAIC	A-N
	1.1	Printed Investment Schedule detail (Pages E01-E-25)	xxx	EO	xxx	3/1	NAIC	A-N
	2	Quarterly Financial Statement (8 1/2" x 14")	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-N
	3	Protected Cell Annual Statement	REFS	0	xxx	3/1	NAIC	A-N
	4	Combined Annual Statement (8 1/2" x 14")	xxx	EO	xxx	5/1	NAIC	A-N
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	REFS	EO	xxx	4/1	NAIC	A-N
	11	Actuarial Opinion Summary	xxx	N/A	xxx	3/1	Company	A-N
	12	Combined Insurance Expense Exhibit	xxx	EO	xxx	5/1	NAIC	A-N
	13	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	NAIC	A-N
	14	Exceptions to Reinsurance Attestation Supplement	REFS	N/A	xxx	3/1	Company	A-N
	15	Financial Guaranty Insurance Exhibit	xxx	EO	xxx	3/1	NAIC	A-N
	16	Investment Risk Interrogatories	xxx	EO	xxx	4/1	NAIC	A-N
	17	Insurance Expense Exhibit	xxx	EO	xxx	4/1	NAIC	A-N
	18	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-N
	19	Management Discussion & Analysis	xxx	EO	xxx	4/1	Company	A-N
	20	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-N
	21	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-N
	22	Premiums Attributed to Protected Cells Exhibit	xxx	EO	xxx	4/1	NAIC	A-N
	23	Reinsurance Attestation Supplement	REFS	EO	xxx	3/1	NAIC	A-N
	24	Reinsurance Summary Supplemental	REFS	EO	xxx	3/1	NAIC	A-N
	25	Risk-Based Capital Report	REFS	EO	xxx	3/1	NAIC	A-N
	26	Schedule SIS	REFS	N/A	N/A	3/1	NAIC	A-N
	27	Statement of Actuarial Opinion	REFS	EO	xxx	3/1	Company	A-N, W
	28	Supplement A to Schedule T	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-N
	29	Supplemental Compensation Exhibit	REFS	N/A	N/A	3/1	NAIC	A-N
	30	Trusteed Surplus Statement	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	NAIC	A-N
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	EE
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	EE
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	EE
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	EE
	44	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	EE
	45	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	EE
	46	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	EE
	47	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	EE
	48	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	EE
	49	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	EE
	50	June .PDF Filing	xxx	1	xxx	6/1	NAIC	EE
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	REFS	N/A	N/A	6/1	Company	A-N,BB
	62	Audited Financial Statements	xxx	EO	xxx	6/1	Company	A-N,AA
	63	Audited Financial Statements Exemption Affidavit	REFS	N/A	N/A	3/1	Company	A-N,X
	64	Independent CPA	REFS	N/A	N/A	12/31	Company	A-N,Y
	65	Notification of Adverse Financial Condition	REFS	N/A	REFS	5 Days	Company	A-N,DD
	66	Report of Significant Deficiencies in Internal Controls	REFS	N/A	REFS	6/1	Company	A-N,CC
	67	Request for Exemption to File	REFS	N/A	N/A	3/1	Company	A-N,X
	68	Request to File Consolidated Audited Annual Statements	REFS	N/A	N/A	12/31	Company	A-N,Z
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	xxx	N/A	REFS	3/1	State Of Dom	O
	102	Certificate of Deposit	xxx	N/A	REFS	3/1	State Of Dom	P
	103	Filings Checklist (with Column 1 completed)	N/A	N/A	xxx	Attached to filing	State	V
	104	Premium tax	1	N/A	1	See Notes	State/DOR	D
	105	State Filing Fees	1	N/A	1	3/1, 4/15, 6/15, 10/15	State/DOR	C
	106	Signed Jurat Page	REFS	N/A	REFS	3/1, 5/15, 8/15, 11/15	NAIC	L
	107	Disaster Response/PIP Contact Information	Online	N/A	Online	Keep Current	State	A,B,F,K,Q
	108	Insurance Office Financial Examination Report	xxx	N/A	REFS	When Public Document	State of Dom	A,B,F,K,R
	109	Office of Ins Reg Service of Process Consent & Agreement	REFS	N/A	REFS	Keep Current	State	A,B,F,H,K,S
	110	Reinsurance Summary Statement	REFS	N/A	xxx	See Notes	State	A,B,F,H,K,T
	111	Holding Company Registration Statement	REFS	N/A	xxx	3/1 and Keep Current	State	A,B,F,H,K,U
	112	Certificate of Authority Annual License Tax	1	N/A	1	5/30	State	A,K,FF
	113	Premium Growth Report	REFS	N/A	REFS	See Notes	State	A,B,H,K,GG
	114	Quarterly Supplemental Reporting	Online	N/A	Online	See Notes	State	F,K,HH
	115	Special Disability Trust Fund	REFS	N/A	REFS	3/1, 5/15, 8/15, 11/15	None	II
	116	Disclosure of Material Transactions	REFS	N/A	xxx	As Required	Company	JJ
	117	Agents' Balances Certification	REFS	N/A	REFS	3/1, 5/15, 8/15, 11/15	None	KK
	118	Annual Rate Filing/Certification	N/A	N/A	N/A	As Required	Company	LL

*If XXX appears in this column, this state does not require this filing to be submitted directly from the company, if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. If REFS appears, the filing must be completed using the Regulatory Electronic Filing System. **If Form Source is NAIC, the form should be obtained from the appropriate vendor.