

**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 2012

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR FLORIDA	(4) NUMBER OF COPIES			(5) DUE DATE	(6) FORM SOURCE	
			Domestic		Foreign			
			State	NAIC	State			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
								<b>NOTES REFERENCE</b>
	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	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
	4	Signed/Notarized Jurat Pages	REFS	XXX	REFS	3/1,5/15,8/15,11/15	NAIC	A, B, C, E, F, G, H, J, M

<b>II. NAIC SUPPLEMENTS</b>								
	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 Ongoing Compliance for Equity Indexed Annuities	XXX	EO	XXX	1-Mar	Company	AB
	13	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	XXX	EO	XXX	1-Mar	Company	AB
	14	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	XXX	EO	XXX	1-Mar	Company	AB
	15	Actuarial Certification regarding use 2001 Preferred Class Table	XXX	EO	XXX	1-Mar	Company	AB
	16	Actuarial Opinion on X-Factors	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	17	Actuarial Opinion on Separate Accounts Funding	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	XXX	EO	XXX	1-Mar	Company	A, B, E, G, J, M, N
	20	Analysis of Annuity Operations by Lines of Business	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	21	Analysis of Increase in Annuity Reserves During Year	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	22	Credit Insurance Experience Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K, N
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	25	Health Care Exhibit's Allocation Report Supplement	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	26	Interest Sensitive Life Insurance Products Report	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	27	Investment Risk Interrogatories	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, K, N
	30	Long Term Care Experience Reporting Forms	XXX	EO	XXX	1-Apr	NAIC	A, B, E, F, I, K, L, N
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	XXX	EO	XXX	1-Mar	Company	A, B, E, F, I, K, L, N
	32	Management Discussion & Analysis	REFS	EO	XXX	1-Apr	Company	A, B, E, F, I, K, L, N
	33	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, L, N
	34	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
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	AB
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	AB
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	AB
	38	Reasonableness & Consistency of Assumptions Certification Actuarial Guideline XXXVI (Updated Average Market Value)	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	AB
	39	Reasonableness & Consistency of Assumptions Certification Actuarial Guideline XXXVI (Updated Market Value)	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	AB
	40	Risk-Based Capital Report	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, I, K, N, Z
	41	RBC Certification required under C-3 Phase I	REFS	EO	XXX	1-Mar	Company	A, B, E, F, I, K, N, Z
	42	RBC Certification required under C-3 Phase II	REFS	EO	XXX	1-Mar	Company	A, B, E, F, I, K, N, Z
	43	Schedule SIS	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K, N
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	45	Statement on participating/non-participating policies - Exhibit 5 Int. 1&2	XXX	EO	XXX	1-Mar	Company	A, B, E, F, K
	46	Supplemental Compensation Exhibit	REFS	N/A	XXX	1-Mar	NAIC	A, B, E, F, K, N
	47	Supplemental Schedule O	XXX	EO	XXX	1-Mar	NAIC	A, B, E, F, K
	48	Trusteed Surplus Statement	REFS	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A, B, E, F, K, N
	49	Workers' Compensation Carve Out Supplement	REFS	EO	XXX	1-Mar	NAIC	A, B, E, F, K, N

<b>III. NAIC ELECTRONIC FILING REQUIREMENTS</b>								
	50	Annual Statement Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	51	March .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	52	Risk-Based Capital Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	53	Risk Based Capital .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	54	Separate Accounts Electronic Filing	XXX	1	XXX	1-Mar	NAIC	N
	55	Separate Accounts .PDF Filing	XXX	1	XXX	1-Mar	NAIC	N
	56	Supplemental Electronic Filing	XXX	1	XXX	1-Apr	NAIC	N
	57	Supplemental .PDF Filing	XXX	1	XXX	1-Apr	NAIC	N
	58	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	59	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	60	June .PDF Filing	XXX	1	XXX	1-Jun	NAIC	N

<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	71	Accountants Letter of Qualifications	REFS	EO	XXX	1-Jun	Company	A, B, F, K, Y
	72	Audited Financial Reports	REFS	EO	XXX	1-Jun	Company	A, B, F, K, Y
	73	Audited Financial Statements Exemption Affidavit (if Applicable)	REFS	N/A	REFS	1-Mar	Company	A, B, F, K, Y
	74	Communication of Internal Control Related Matters Noted in Audit (SEE page bottom)**	REFS	N/A	REFS**	1-Aug	Company	A, B, F, K, Y
	75	Independent CPA (change)	REFS	N/A	XXX	Refer to rule 690-137.002 (6)(c)	Company	A, B, F, K, Y
	76	Management's Report of Internal Control Over Financial Reporting	REFS	N/A	XXX	1-Aug	Company	A, B, F, K, Y
	77	Designation of Independent CPA/Awareness Letter	REFS	N/A	XXX	Prior to 12/31	Company	A, B, F, K, Y
	78	Notification of Adverse Financial Condition	REFS	N/A	REFS	Within 5 Days	Company	A, B, F, K, Y
	79	Request to File a Consolidated or Combined Statement	REFS	N/A	REFS	Prior to 12/31	Company	A, B, F, K, Y
	80	Relief from the five-year-rotation requirement for lead audit partner	REFS	EO	XXX	1-Mar	Company	A, B, F, K, Y
	81	Relief from the one-year cooling off period for independent CPA	REFS	EO	XXX	1-Mar	Company	A, B, F, K, Y

82	Relief from the Requirements for Audit Committees	REFS	EO	XXX	1-Mar	Company	A, B, F, K, Y
<b>V. STATE REQUIRED FILINGS</b>							
101	Certificate of Compliance	XXX	O	REFS	1-Mar	State	A, B, E, F, K, O
102	Certificate of Deposit	XXX	O	REFS	1-Mar	State	A, B, E, F, K, P
103	Certificate of Valuation	XXX	O	REFS	1-Mar	State	A, B, E, F, K, Q
104	Filings Checklist (with Column 1 completed)	REFS	O	XXX	1-Mar	State	W
105	Regulatory Asset Adequacy Issues Summary	REFS	O	REFS	15-Mar	Company	A, B, E, G, J, M, N, X
106	Florida Premium tax	1	O	1	3/1, 4/15, 6/15, 10/15	FL Dept. of Revenue	D
107	State Filing Fees	1	O	1	3/1, 4/15, 6/15, 10/15	FL Dept. of Revenue	C
108	Florida Service of Process Consent and Agreement	1	O	1	Keep Current	State	A, B, E, F, K, S
109	Insurance Department Financial Exams	N/A	O	REFS	When Public	Domicile State	A, B, E, F, K, T
110	Reinsurance Summary Statement	REFS	O	XXX	See Note U	State	A, B, E, F, H, K, U
111	Holding Company Registration Statement	REFS	O	XXX	Keep Current	State	A, B, E, F, H, V
112	Disclosure of Material Transactions	REFS	O	XXX	As Required	State	A, B, E, F, K, R
113	Certificate of Authority Annual License Tax	1	O	1	30-May	Fl. Dept. of Financial Services	A, F, K, AA
<p>* 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.</p> <p>** Should be submitted through REFS only if there are significant deficiencies/reportable conditions in internal control.</p>							