LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

| COMPANY NAME: | _NAIC Company Code: | | |
|----------------------------------|-----------------------------------|--|--|
| Contact: | Telephone: | | |
| REQUIRED FILINGS IN THE STATE OF | Filings Made During the Vear 2024 | | |

| | | OMPANIES BEGIN FILING LIFE/FRATERNAL STATEME | NT EFFE | | VITH FIRST (| _ | T (6) | |
|-----------|-----------|---|---------|-----------------|--------------|---------------------------|-------------|-------------------|
| (1) | (2) | (3) | | (4) JMBER OF | COPIES* | (5) | (6) FORM | (7) APPLICABLE |
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | | nestic | Foreign | DUE DATE | SOURCE** | NOTES |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½"x14") | 1 | EO | XXX | 3/1 | NAIC | Note H, L, M |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 1 | EO | XXX | 3/1 | NAIC | Note H, L, M |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | | | 5/15, 8/15, | | |
| | | , , , | | EO | xxx | 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"x14") | 1 | EO | XXX | 3/1 | NAIC | |
| | | • | | | | | | |
| | | II. NAIC SUPPLEMENTS | | | • | • | | • |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 12 | Credit Insurance Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 13 | Health Supplement | 1 | EO | XXX | 3/1 | NAIC | |
| | 14 | Life, Health & Annuity Guaranty Association | 1 | | | 3, 1 | 14110 | |
| | 1.7 | Assessable Premium Exhibit, Parts 1 and 2 | 1 | EO | XXX | 4/1 | NAIC | |
| | 15 | Long-term Care Experience Reporting Forms | 1 | EO | XXX | 4/1 | NAIC | |
| | 16 | Management Discussion & Analysis | 1 | EO | XXX | 4/1 | Company | |
| | 17 | Market Conduct Annual Statement Premium Exhibit | 1 | EU | AAA | 77/1 | Company | |
| | 1 / | for Year | 1 | ЕО | VVV | 3/1 | NAIC | |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | XXX | 3/1 | NAIC | |
| | 19 | | | EU | XXX | | INAIC | |
| | 19 | Medicare Part D Coverage Supplement | 1 | ЕО | ***** | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 20 | Risk-Based Capital Report | 1 | | XXX | | | + |
| | 20 | | 1 | EO | XXX | 3/1 | NAIC | |
| | 21 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 22 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 23 | Supplemental Health Care Exhibit (Parts 1 and 2) | 1 | EO | XXX | 4/1 | NAIC | |
| | 24 | Supplemental Investment Risk Interrogatories | 1 | EO | XXX | 4/1 | NAIC | |
| | 25 | Supplemental Schedule O | 1 | EO | XXX | 3/1 | NAIC | |
| | 26 | Supplemental Term and Universal Life Insurance | 1 | | | | | |
| | | Reinsurance Exhibit | | EO | XXX | 4/1 | NAIC | |
| | 27 | Trusteed Surplus Statement | 1 | | | 3/1, 5/15, | | |
| | | | | EO | XXX | 8/15, 11/15 | NAIC | |
| | 28 | Variable Annuities Supplement | 1 | EO | XXX | 4/1 | NAIC | |
| | 29 | VM 20 Reserves Supplement | 1 | EO | XXX | 3/1 | NAIC | |
| | 30 | Workers' Compensation Carve-Out Supplement | 1 | EO | XXX | 3/1 | NAIC | |
| | | | | | | | | |
| | | Actuarial Related Items | | | | | | |
| | 31 | Actuarial Certification regarding use 2001 Preferred | 1 | | | | | |
| | | Class Table | | EO | XXX | 3/1 | Company | |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture | 1 | | | | | |
| | | Ongoing Compliance for Equity Indexed Annuities | | EO | XXX | 3/1 | Company | |
| | 33 | Actuarial Memorandum Related to Universal Life | 1 | | | | | |
| | | with Secondary Guarantee Policies required by | | | | 1 | | |
| | 1 | Actuarial Guideline XXXVIII 8D | | N/A | XXX | 4/30 | Company | |
| | 34 | Actuarial Opinion | 1 | EO | XXX | 3/1 | Company | |
| | 35 | Actuarial Opinion on Separate Accounts Funding | 1 | | | 1 | | |
| | | Guaranteed Minimum Benefit | | EO | XXX | 3/1 | Company | |
| | 36 | Actuarial Opinion on Synthetic Guaranteed | 1 | | | 1 | | |
| | <u> </u> | Investment Contracts | | EO | XXX | 3/1 | Company | |
| | 37 | Actuarial Opinion on X-Factors | 1 | EO | XXX | 3/1 | Company | |
| | 38 | Actuarial Opinion required by Modified Guaranteed | 1 | | | 1 | | |
| | <u> </u> | Annuity Model Regulation | | EO | XXX | 3/1 | Company | |
| | 39 | Request for Life PBR Exemption (if applicable) | 1 | | | Commissio | | |
| | | | | | | ner 7/1 | | |
| | <u> </u> | | | E/O | XXX | NAIC 8/15 | Company | |
| | 40 | Executive Summary of the PBR Actuarial Report | 1 | N/A | XXX | 4/1 | Company | |
| | 41 | Life Summary of the PBR Actuarial Report | 1 | N/A | XXX | 4/1 | Company | |
| | 42 | Variable Annuities Summary of the PBR Actuarial | 1 | | | | | |
| | | Report | | N/A | xxx | 4/1 | Company | |
| | 43 | PBR Actuarial Report (provide upon request) | 1 | N/A | xxx | | Company | |
| | 44 | RAAIS required by Valuation Manual | 1 | N/A | XXX | 4/1 | Company | |
| | | | | | • | 1 | | |

| (1) | (2) | (3) | (4) NUMBER OF COPIES* | | (5) | (6) FORM | (7) APPLICABLE | |
|-----------|--------|--|--------------------------|---------|----------|--------------------------|-------------------|----------|
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | | estic | Foreign | DUE DATE | SOURCE** | NOTES |
| | | | State | NAIC | State | | | |
| | 45 | Reasonableness & Consistency of Assumptions | 1 | FO | | 3/1,5/15, | | |
| | 16 | Certification required by Actuarial Guideline XXXV | | EO | XXX | 8/15, 11/15 | Company | |
| | 46 | Reasonableness of Assumptions Certification required | 1 | EO | | 3/1,5/15, | C | |
| | 47 | by Actuarial Guideline XXXV Reasonableness & Consistency of Assumptions | 1 | EO | XXX | 8/15, 11/15 | Company | |
| | 47 | Certification required by Actuarial Guideline XXXVI | 1 | | | 3/1,5/15, | | |
| | | (Updated Average Market Value) | | EO | xxx | 8/15, 11/15 | Company | |
| | 48 | Reasonableness & Consistency of Assumptions | 1 | LO | AAA | 0/13, 11/13 | Company | |
| | 70 | Certification required by Actuarial Guideline XXXVI | 1 | | | 3/1,5/15, | | |
| | | (Updated Market Value) | | EO | XXX | 8/15, 11/15 | Company | |
| | 49 | Reasonableness of Assumptions Certification for | 1 | | | | | |
| | | Implied Guaranteed Rate Method required by | | | | 3/1,5/15, | | |
| | | Actuarial Guideline XXXVI | | EO | xxx | 8/15, 11/15 | Company | |
| | 50 | RBC Certification required under C-3 Phase I | 1 | EO | XXX | 3/1 | Company | |
| | 51 | RBC Certification required under C-3 Phase II | 1 | EO | XXX | 3/1 | Company | |
| | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. | 1 | | | | | |
| | | #3 | | EO | xxx | 3/1 | Company | |
| | 53 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 1 | EO | XXX | 3/1 | Company | |
| | | | | | | | 1 | |
| | 1 | III. ELECTRONIC FILING REQUIREMENTS | | | | | 1 | |
| | 61 | Annual Statement Electronic Filing | xxx | EO | XXX | 3/1 | NAIC | |
| | 62 | March .PDF Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | XXX | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | XXX | EO | N/A | 3/1 | NAIC | |
| | 65 | Separate Accounts Electronic Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 66 | Separate Accounts PDF Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | XXX | EO | XXX | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | XXX | EO | XXX | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | XXX | LO | AAA | 5/15, 8/15, | NAIC | |
| | 09 | Quarterly statement Electronic Fining | XXX | EO | XXX | 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | VVV | LO | AAA | 5/15, 8/15, | NAIC | |
| | 70 | Quarterly if Dr Tilling | XXX | EO | XXX | 11/15 | NAIC | |
| | 71 | June .PDF Filing | XXX | EO | XXX | 6/1 | NAIC | |
| | / 1 | June .1 D1 1 ming | ΑΛΛ | LO | AAA | 0/1 | NAIC | |
| | | IV. AUDIT/INTERNAL | | | | | | |
| | | CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | EO | XXX | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 0/1 | Company | |
| | 84 | Communication of Internal Control Related Matters | 1 | 11/71 | IVA | | Company | |
| | 04 | Noted in Audit | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | 0/1 | Company | |
| | 0.6 | Management's Report of Internal Control Over | 1 | 11/71 | IN/A | | Company | |
| | 86 | Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | Note A | 0/1 | Company | Note A |
| | 88 | Relief from the five-year rotation requirement for lead | 1 | 1 N/ PA | NOICA | 1 | Company | Note A |
| | 00 | audit partner | ' | ЕО | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for | 1 | LO | ۸۸۸ | 3/1 | Company | 1 |
| | 09 | independent CPA | ' | ЕО | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | XXX | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report | 1 | LO | ΑΛΛ | 3/ 1 | Company | Note J |
| | 1 | of Internal Control Over Financial Reporting | 1 | N/A | N/A | See Note J | Company | 11010 3 |
| | | | | 11/21 | 11/11 | 222110103 | Company | 1 |
| | | V. STATE REQUIRED FILINGS | | ı | I | I | 1 | 1 |
| | 101 | Corporate Governance Annual Disclosure*** | 1 | 0 | XXX | 6/1 | Company | |
| | 102 | Filings Checklist (with Column 1 completed) | 0 | 0 | XXX | 0/1 | State | |
| | 103 | Form B-Holding Company Registration Statement | 1 | 0 | Note N | 6/1 | Company | Note N |
| | 103 | Form F-Enterprise Risk Report **** | 1 | 0 | Note N | 6/1 | Company | Note N |
| | 104 | ORSA**** | 1 | 0 | | 10/1 | Company | TYOIC IV |
| | | Premium Tax | 0 | U | See Note | 10/1 | Company | Note D |
| | 106 | FIGHHUIII TAX | 0 | 0 | | | State | Note D |
| | 107 | Stota Filing Faas | 1 | 0 | D 1 | 3/1 | State | Note C |
| | 107 | State Filing Fees | 1 | U | 1 | | State | Note C |
| | 108 | Signed Jurat | XXX | 0 | ЕО | 3/1,5/15, 8/15, 11/15 | NAIC | Note O |
| | 109 | Group Capital Calculation (File with lead state only) | 1 | 0 | | 0/13, 11/13 | State | |
| | | | 0 | | XXX | 2/1 | | Note O |
| | 110 | Certificate of Deposit | U | 0 | EO | 3/1 | State | Note O |

| (1) | (2) | (3) | (4) NUMBER OF COPIES* | | (5) | (6) FORM | (7) APPLICABLE | |
|-----------|--------|---|--------------------------|------|----------|-------------|-------------------|--------|
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | Domestic Foreign | | DUE DATE | SOURCE** | NOTES | |
| | | | State | NAIC | State | | | |
| | 111 | Certificate of Compliance | | 0 | EO | 3/1 | State | Note O |
| | 112 | Certificate of Valuation | 0 | 0 | EO | 6/1 | State | Note O |
| | 113 | Information Security Program Certification Form | 1 | 0 | XXX | 2/15 | State | |
| | | | | | | | | |

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

^{***}For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm.

^{****}For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm

^{*****}For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: https://www.naic.org/public lead state report.htm

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|---|---|--|
| A | Required Filings Contact Person: | |
| | Donna Whitley Financial & Market Regulation Division filings@mid.ms.gov 601-359-2127 | |
| В | Mailing Address: | |
| | Mississippi Insurance Department Attention: Financial & Market Regulation Division 501 N. West St., Ste. 1001 Jackson, MS 39201 Mississippi Insurance Department Attention: Financial & Market Regulation Division | |
| | P O Box 79 | |
| С | Jackson, MS 39205-0079 New Process for Payment of Annual Filing Fees: | |
| | Effective January 1, 2023, annual filing fees will be due March 1st of each year. See Bulletin 2022-3 (https://www.mid.ms.gov/legal/bulletins/20223bul.pdf) The Department will email the invoice for the annual filing fees to the Company License/Fees Contact on/or around January 15th. Please ensure the Company License/Fees Contact is up to date. Payment of the annual filing fees shall be made electronically via Sircon's electronic payment portal (https://www.sircon.com/Mississippi). | |
| | Any questions regarding the payment of the annual filing fees should be addressed to <u>filings@mid.ms.gov</u> | |
| D | Mailing Address for Premium Tax Payments: | |
| | Mississippi Department of Revenue Attn: Derrick Barnes 1577 Springridge Rd Raymond, MS 39154 | |
| | Mississippi Department of Revenue Attn: Derrick Barnes P O Box 23075 Jackson, MS 39225-3075 | |
| Е | Delivery Instructions: | |
| | All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, the due date is the next business day. | |
| F | Late Filings: Pursuant to Miss. Code Ann. § 83-5-69, company shall pay \$100 for each day's neglect, and upon notice by the commissioner to that effect, its authority to do new business shall cease while such default continues | |

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|---|--|--|
| G | Original Signatures: Original wet signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions. | |
| Н | Signature/Notarization/Certification: | |
| | The statement shall be sworn to by the president or vice president and secretary or treasurer or chief managing agent or officer of such company. | |
| I | Amended Filings: | |
| | Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filings, then same should be followed for any amendment. | |
| J | Exceptions from normal filings: | |
| | Foreign companies shall submit a written request by electronic filing of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Mississippi. You may submit the request to filings@mid.ms.gov. | |
| | Domestic companies shall apply at least 10 days prior to the original due date via contact with your analyst. | |
| K | Bar Codes (State or NAIC): | |
| | NAIC Annual Statement Instructions should be followed. | |
| L | Signed Jurat: | |
| | The Department requires the filing of a signed Jurat for domestic and foreign companies | |
| M | NONE Filings: | |
| | NAIC Annual Statement Instructions should be followed. | |
| N | Filings new, discontinued or modified materially since last year: | |
| | Foreign companies which do not have a Holding Company law similar to Mississippi are required to file pursuant to Miss. Code Ann. § 83-6-3. | |
| О | Electronic Filings: | |
| | Foreign insurers shall file an electronic copy with the Department via the Document Submission Portal on or before the statutory due date. To access the Document Submission Portal, please click on the following link: http://www.mid.ms.gov/companies/filing-submission-portal.aspx | |
| | <u>Please note that no hard copy filings are required</u> . Should there be any questions concerning use of the Portal, please contact <u>filings@mid.ms.gov</u> . | |

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The

NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

Column (2) Line

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts.PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The **Supplement.PDF** Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Electronic Filing includes the quarterly statement data.

The Quarterly.PDF Filing is the .pdf for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

w:\qa\blanks\checklists\2020 filings made in 2021\2 lifecklist_2020_filingsmade2021.docx