FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: OHIO **Filings Made During the Year 2012**

(1) Check-list/Form (N)	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE (See Note "E")	(6) FORM SOURCE **	(7) APPLIC-ABLE NOTES ***
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	AFF*	EO	0	3/1	NAIC	Z
	1.1	Printed Investment Schedule detail (Pages E01-E27)	AFF*	EO	0	3/1	NAIC	Z
	2	Quarterly Financial Statement (8 ½" x 14")	AFF*	EO	0	5/15, 8/15, 11/15	NAIC	Z
	3	Separate Accounts Annual Statement (8 ½"x 14")	AFF*	EO	0	3/1	NAIC	Z
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	AFF*	EO	0	4/1	NAIC	Z
	11	Actuarial Certification Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	AFF*	EO	0	3/1	Company	Z
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	AFF*	EO	0	3/1	Company	Z
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	AFF*	EO	0	3/1	Company	Z
#	14	Actuarial Certification Regarding Use 2001 Preferred Class Table	AFF*	EO	0	3/1	Company	Z
	15	Actuarial Opinion	AFF*	EO	0	3/1	Company	Z
	16	Actuarial Opinion on X-Factors	AFF*	EO	0	3/1	Company	Z
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	AFF*	EO	0	3/1	Company	Z
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	AFF*	EO	0	3/1	Company	Z
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	AFF*	EO	0	3/1	Company	Z
	20	Analysis of Annuity Operations by Lines of Business	AFF*	EO	0	4/1	NAIC	Z
	21	Analysis of Increase in Annuity Reserves During Year	AFF*	EO	0	4/1	NAIC	Z
	22	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	AFF*	EO	0	3/1	Company	Z
	23	Health Care Exhibit (Parts 1, 2 and 3) Supplement	AFF*	EO	0	4/1	NAIC	Z
	24	Health Care Exhibit's Allocation Report Supplement	AFF*	EO	0	4/1	NAIC	Z
	25	Interest Sensitive Life Insurance Products Report	AFF*	EO	0	4/1	NAIC	M, Z
	26	Investment Risk Interrogatories	AFF*	EO	0	4/1	NAIC	Z
	27	Long-term Care Experience Reporting Forms	AFF*	EO	0	4/1	NAIC	Z
	28	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	AFF*	EO	0	3/1	Company	
	29	Management Discussion & Analysis	AFF*	EO	0	4/1	Company	Z
	30	Medicare Supplement Insurance Experience Exhibit	AFF*	EO	0	3/1	NAIC	Z
	31	Medicare Part D Coverage Supplement	AFF*	EO	0	3/1 ,5/15, 8/15, 11/15	NAIC	N, Z
	32	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	Company	Z
	33	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	Company	Z
	34	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	Company	Z
	35	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	Company	Z
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	Company	Z
	37	Risk-Based Capital Report	AFF*	EO	0	3/1	NAIC	Z
	38	RBC Certification required under C-3 Phase I	AFF*	EO	0	3/1	Company	Z
	39	RBC Certification required under C-3 Phase II	AFF*	EO	0	3/1	Company	Z
	40	Statement on non-guaranteed elements – Exhibit 5 Int. #3	AFF*	EO	0	3/1	Company	M, Z
	41	Actuarial Opinion on participating/non-participating policies – Exhibit 5, Inter. #1&2	AFF*	EO	0	3/1		M, Z
	42	Supplemental Compensation Exhibit	1	N/A	0	3/1	NAIC	M
	43	Trusteed Surplus Statement	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	Z
		III. ELECTRONIC FILING REQUIREMENTS						

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	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Statements	AFF*	EO	xxx	6/1	Company	J, Z
INS7166	73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	State****	J
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A	6/1	Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	
INS7160	78	Request for Exemption to File	1	N/A	N/A	1/31	Company	
#	79	Relief from Five-Year Rotation Requirement for Lead Audit Partner	1	EO	N/A	3/1	Company	
#	80	Relief from the One-Year Cooling Off Period for Independent CPA	1	EO	N/A	3/1	Company	
#	81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
		V. STATE REQUIRED FILINGS						
INS7004	100	Application for Certificate of Authority **Renewal**	1	0	1	3/1	State****	
	101	Certificate of Compliance	0	0	1	3/1	Company	O
	102	Certificate of Deposit	0	0	1	3/1	Company	O
	103	Certificate of Valuation	0	0	0	3/1	Company	Z
INS7146	104	Foreign Premium Tax Return-DO NOT FILE HARDCOPY	0	0	0	3/1	State****	Z
INS7142	105	Domestic Premium Tax Return-DO NOT FILE HARDCOPY	EO	0	0	3/1	State****	Z
INS7240	106	Electronic Filing Authenticity Affidavit	1	0	0	3/1, 4/1, 5/1, 5/15, 6/1, 8/15, 11/15	State****	L, N
	107	Signed Jurat	1	0	0	3/1, 5/15, 8/15, 11/15	NAIC	L, N
INS7214	108	Domestic Tax Summary to Treas. of State*****	1	0	0	3/1	State****	D
INS7215	109	Foreign Tax Summary to Treas. of State*****	0	0	0	3/1	State****	D
INS7140	110	Business Tax Credit (if applicable)-DO NOT FILE HARDCOPY	EO	0	0	3/1	State****	Z
INS7001	111	NAIC IRIS Results Requirements	1	0	0	5/15	Company	R
INS7213	112	Affix Barcodes (See Instructions)	Info	Info	Info	Info only. No filing.	State****	R
INS7062	113	Internet & Diskette Submissions to NAIC	Info	Info	Info	Info only. No filing.	State****	R

If "XXX" appears in this column, Ohio does not require this filing, if the data is filed electronically with the NAIC and acceptable to the state of domicile.
If "N/A" appears in this column, the filing is required with the domiciliary state.
"EO" denotes an "electronic only" filing. DO NOT FILE HARDCOPY.
***If "AFF" appears in this column, Ohio requires an affidavit on form INS7240 verifying electronic filing with the NAIC.**
****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**
*****Generally, Notes A through K apply to all filings.**
******These forms may be downloaded at www.ohioinsurance.gov under "ODI Forms."**
*******Do NOT file with the Ohio Department of Insurance. File only with the Ohio Treasurer of State. File only if payment is due. See Note D.**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	**Required Filings Contact Person:** ***Annual & Quarterly Filings:*** ***Premium & Franchise Tax:***	***Barbara Brown*** (614) 644-3336 or barbara.brown@insurance.ohio.gov **E-mail: taxes@insurance.ohio.gov**
	B	**Mailing Address for *Premium & Franchise Tax Returns*:** ***NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to this address. See Note D.***	**NONE.** ***Do Not Mail Tax Returns. Electronic filing only.***
	C	**Mailing Address for *Annual and Quarterly Filings*:** ***DO NOT send checks for filing fees. You will be billed when due. Do not mail tax returns. Do not send tax checks to the Department of Insurance.***	Ohio Department of Insurance Office of Risk Assessment 50 West Town Street, 3rd Floor Columbus, OH 43215
	D	**Mailing Address for *Premium & Franchise Tax Payments*:** ***DO NOT send tax payments or tax forms to the Department of Insurance*. Please send to the Treasurer the appropriate Tax Summary (INS7214 or INS7215), if payment is due only.**	Treasurer of State of Ohio P.O. Box 163458 Columbus, OH 43216-3458 **Attn: Kelly Alvis, Rev. Mgmt.**
	E	**Delivery Instructions**:	All filings must be physically **received** by the due date. If the due date falls on a weekend or holiday, the due date is the next business day.
	F	**Late Filings**:	Statutory penalties apply to required filings **received** after their due dates or not filed.
	G	**Original Signatures**:	Original signatures are required on all filings that require signatures. See Note L and Electronic Filing Authenticity Affidavit (Ohio Form INS7240).
	H	**Signature/Notarization/Certification**:	Principal officers are required to sign Quarterly and Annual Statement Jurat Pages. See Annual Statement Instructions and Ohio Form INS7240.
	I	**Amended Filings**:	Contact taxes@insurance.ohio.gov for tax amendment forms. Amendments must be accompanied by an explanation and documentation. Original signature requirements apply.
	J	**Exceptions from normal filings**:	All companies must include a copy of any extension or exemption granted by their state of domicile.
	K	**Bar Codes (State or NAIC)**:	Please refer to the Appendix of the NAIC Annual Statement Instructions and Ohio form INS7213 for instructions.
	L	**Signed Jurat:**	Domestic insurers must attach signed, notarized Jurat with Affidavit (INS7240). No Jurat required of foreign insurers. Do not file hardcopy Annual or Quarterly Statements.
	M	**NONE Filings**:	Must be submitted. Please see NAIC Annual Statement Instructions for Supplemental Interrogatories.
	N	**Filings new, discontinued or modified materially since last year**:	A "#" on the Checklist denotes a new filing.
	O	**All Foreign Insurers**: ***DO NOT FILE Certificate of Valuation***.	Please file a copy of Certificate of Compliance and Certificate of Deposit as issued by the state of domicile.
	P	**Statement of Compliance with Rule 3901-8-07 and 3901-6-02**:	Every insurer subject to Rules 3901-8-07 and/or 3901-6-02 must file a statement of compliance with Ohio insurance laws as implemented and interpreted by these Rules on Company letterhead. No form.
	Q	**Protected Cell Annual Statement:**	File only if applicable. No need to file with Ohio if "None."
	R	**State instructions and filing information**:	These items are available for instructional purposes only. The forms content is to be used as a guide only.
	S	**Actuarial Opinion Summary (Property & Casualty only)**	To be filed as a confidential document pursuant to ORC §3903.77(E).
	T	**HIC line of business licensees only.**	Do not file unless Certificate of Authority ("COA") is for a **health insuring corporation** ("HIC") under ORC Chapter 1751, or if your "non-HIC" COA specifically lists authority for a HIC line of business.
	Z	**Hard Copy Filings**	Do ***NOT*** file **hardcopy** with Ohio if "NONE", "AFF*", "EO" or "0" is indicated in column 4 (domestic or foreign).

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 include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes 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 mailing 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 investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is .pdf files 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 investment schedule detail.

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

The ***Supplemental .PDF Filing*** is the .pdf file for all supplements 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 (E) 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 (E) 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 (generally, on its website). 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 before submitting a filing.