

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: OHIO Filings Made During the Year 2014

| (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 | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 1/2"x14") | AFF | EO | 0 | 3/1 | NAIC | M,W |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | AFF | EO | xxx | 3/1 | NAIC | M,W |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | AFF | EO | 0 | 5/15, 8/15, 11/15 | NAIC | M,W |
| | 3 | Separate Accounts Annual Statement (8 1/2"x 14") | AFF | EO | 0 | 3/1 | NAIC | M,W |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 11 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | AFF | EO | 0 | 3/1 | Company | M,W |
| | 12 | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII | AFF | EO | 0 | 3/1 | Company | M,W |
| | 13 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | AFF | EO | 0 | 3/1 | Company | M,W |
| | 14 | Actuarial Certification regarding use 2001 Preferred Class Table | AFF | EO | 0 | 3/1 | Company | M,W |
| | 14.1 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII | AFF | N/A | 0 | 4/30 | Company | M,W |
| | 15 | Actuarial Opinion | AFF | EO | 0 | 3/1 | Company | M,W |
| | 16 | Actuarial Opinion on X-Factors | AFF | EO | 0 | 3/1 | Company | M,W |
| | 17 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | AFF | EO | 0 | 3/1 | Company | M,W |
| | 18 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | AFF | EO | 0 | 3/1 | Company | M,W |
| | 19 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | AFF | EO | 0 | 3/1 | Company | M,W |
| | 20 | Analysis of Annuity Operations by Lines of Business | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 21 | Analysis of Increase in Annuity Reserves During Year | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 22 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | AFF | EO | 0 | 3/1 | Company | M,W |
| | 23 | Health Care Exhibit (Parts 1, 2 and 3) Supplement | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 24 | Health Care Exhibit's Allocation Report Supplement | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 25 | Interest Sensitive Life Insurance Products Report | AFF | EO | xxx | 4/1 | NAIC | M,N,W |
| | 26 | Investment Risk Interrogatories | AFF | EO | 0 | 4/1 | NAIC | M,W |
| | 27 | Long-term Care Experience Reporting Forms | AFF | EO | xxx | 4/1 | NAIC | M,W |
| | 28 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | AFF | EO | 0 | 3/1 | Company | M,W |
| | 29 | Management Discussion & Analysis | AFF | EO | 0 | 4/1 | Company | M,W |
| | 30 | Medicare Supplement Insurance Experience Exhibit | AFF | EO | xxx | 3/1 | NAIC | M,W |
| | 31 | Medicare Part D Coverage Supplement | AFF | EO | 0 | 3/1, 5/15, 8/15, 11/15 | NAIC | M,W |
| | 32 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | M,W |
| | 33 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | M,W |
| | 34 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | M,W |
| | 35 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | M,W |
| | 36 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | M,W |
| | 37 | Risk-Based Capital Report | AFF | EO | 0 | 3/1 | NAIC | M,W |
| | 38 | RBC Certification required under C-3 Phase I | AFF | EO | 0 | 3/1 | Company | M,W |
| | 39 | RBC Certification required under C-3 Phase II | AFF | EO | 0 | 3/1 | Company | M,W |
| | 40 | Statement on non-guaranteed elements – Exhibit 5 Int. #3 | AFF | EO | 0 | 3/1 | Company | M,N,W |

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|--------------|-----|---|------|------|------|---------------------------------|-----------|-------|
| | 41 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2 | AFF | EO | 0 | 3/1 | Company | M,N,W |
| | 42 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | N |
| | 43 | Trusted Surplus Statement | AFF | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | M,W |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 50 | Annual Statement Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 51 | March .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 52 | Risk-Based Capital Electronic Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 53 | Risk-Based Capital .PDF Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 54 | Separate Accounts Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 55 | Separate Accounts .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 56 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 57 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 58 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 59 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 60 | June .PDF Filing | xxx | EO | 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 Reports | AFF | EO | xxx | 6/1 | Company | K,M,W |
| INS7166 | 73 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 6/1 | Company | K |
| | 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 | | 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 | | Company | |
| INS7160 | 78 | Request for Exemption to File Audited Financial Reports | 1 | N/A | N/A | 1/31 | Company | |
| | 79 | Relief from the 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*** | | | | | | |
| | 101 | Certificate of Compliance | 0 | 0 | 1 | 3/1 | State | P |
| | 102 | Certificate of Deposit | 0 | 0 | 1 | 3/1 | State | P |
| | 103 | Certificate of Valuation | 0 | 0 | 0 | 3/1 | State | W |
| INS7004 | 104 | Application for Renewal of Certificate of Authority | 1 | 0 | 1 | 3/1 | State**** | |
| INS7142 | 105 | Domestic Franchise Tax Return – DO NOT FILE Hardcopy | EO | 0 | 0 | 3/1 | State**** | W |
| On-line only | 106 | Premium Tax Advance Payment - Invoice Available On-Line 9/1 - Premium Tax On-Line Data (www.insurance.ohio.gov secured logon) | 1 | 0 | 1 | 10/15 | State | E |
| INS7240 | 107 | Electronic Filing Authenticity Affidavit | 1 | 0 | 0 | 3/1,4/1,5/1,5/15,6/1,8/15,11/15 | State**** | M |
| | 108 | Signed Jurat | 1 | 0 | 0 | 3/1, 5/15, 8/15,11/15 | NAIC | M |
| INS7214 | 109 | Domestic Insurance Tax Summary to Treasurer of State***** | 1 | 0 | 0 | 3/1 | State**** | E |
| | | | | | | | | |
| INS7140 | 110 | Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY | EO | 0 | EO | 3/1 | State**** | W |
| INS7001 | 111 | NAIC IRIS Response (Required if 4 or more failures) | 1 | 0 | 1 | 5/15 | Company | V |
| INS7213 | 112 | Affix Barcodes | INFO | INFO | INFO | Informational Only | State**** | S |
| INS7062 | 113 | Internet & Diskette Submissions to NAIC | INFO | INFO | INFO | Informational Only | State**** | S |

***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.

If “EO” appears in this column, the filing is Electronic Only filing – DO NOT FILE HARDCOPY.

If “AFF” appears in this column, Ohio requires an affidavit on form INS7240.

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

***** Generally, Notes A through L apply to all filings.**

******These forms may be downloaded at www.insurance.ohio.gov under “ODI Forms”**

*******Do NOT file with the Ohio Department of Insurance. File Only with the Ohio Treasurer of State.**

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|---|--|---|
| A | Required Filings Contact Person: Annual and Quarterly Filings: | Risk Assessment (614) 644-2647 or Risk.Assessment@Insurance.ohio.gov |
| B | Mailing Address for Annual and Quarterly Filings: | Ohio Department of Insurance Office of Risk Assessment 50 West Town Street Suite 300, 3 rd Floor Columbus, OH 43215 |
| C | Mailing Address for Filing Fees: Do not send checks for filing fees. You will be billed when due. Do not mail tax returns. Do not send checks to the Department of Insurance. | <u>NONE</u> |
| D | <u>Mailing Address for Premium & Franchise Tax Returns:</u> NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to the Department of Insurance. | <u>NONE.</u> DO NOT Mail Tax Returns. Electronic filing only. |
| E | Mailing Address for Premium Tax Payments: Must be paid by ACH credit or ACH debit. If you have questions about this process, you may contact the Ohio Treasurer of State’s office at 614-752-8484 or view the FAQ’s from the following web address: http://eft.tos.ohio.gov/#/FaqView . | <u>NONE</u> |
| F | Delivery Instructions: | All items 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. |
| G | Late Filings: | Statutory penalties apply to required filings received by the due date. If the due date falls on a weekend or holiday, the due date is the next business day. |

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| H | Original Signatures: | Original signatures are required on all filings that require signatures. See Note L and Electronic Filing Authenticity Affidavit (Ohio Form INS7240) |
| I | Signature/Notarization/Certification: | Principal officers are required to sign Quarterly and Annual Statement Jurat Pages. See Annual Statement Instructions and Ohio Form INS7240. |
| J | Amended Filings: | Contact taxes@insurance.ohio.gov for tax amendment forms. Amendments must be accompanied by an explanation and documentation. Original signature requirements apply. |
| K | Exceptions from normal filings: | All companies must include a copy of any extension or exemption granted by their state of domicile. |
| L | Bar Codes (State or NAIC): | Please refer to the Appendix of the NAIC Annual Statement Instructions and Ohio form INS7213 for instructions |
| M | Signed Jurat: | Domestic insurers must attach signed, notarized Jurat with Affidavit (Ohio form INS7240). No Jurat required of foreign insurers. Do not file hardcopy Annual or Quarterly Statements. |
| N | NONE Filings: | Must be submitted. Please see NAIC Annual Statement Instructions for Supplemental interrogatories. |
| O | Filings new, discontinued or modified materially since last year: | A “#” sign on the Checklist denotes a new filing. |
| P | All Foreign Insurers: DO NOT FILE Certification of Valuation. | Please file a copy of Certificate of Compliance and Certificate of Deposit as issued by the state of domicile. |
| Q | 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 |

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| | | | these rules on Company letterhead. No form. |
| | R | Protected Cell Annual Statement: | File only if applicable. No need to file with Ohio if “None”. |
| | S | State instructions and filing information: | These items are available for instructional purposes only. The forms content is to be used as a guide only. |
| | T | Actuarial Opinion Summary (Property and Casualty Only): | To be filed as a confidential document pursuant to ORC Section 3901.77(E) |
| | U | HIC line of business license 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. |
| | V | IRIS Response: | ONLY required if 4 or more IRIS Ratio Failures. |
| | W | 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 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 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.