FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:**_____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: **Ohio** **Filings Made During the Year 2016**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"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 ½" x 14")	AFF	EO	0	5/15, 8/15, 11/15	NAIC	M,W
	3	Separate Accounts Annual Statement (8 ½"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	Analysis of Annuity Operations by Lines of Business	AFF	EO	0	4/1	NAIC	M,W
	12	Analysis of Increase in Annuity Reserves During Year	AFF	EO	0	4/1	NAIC	M,W
	13	Health Care Exhibit (Parts 1, 2 and 3) Supplement	AFF	EO	0	4/1	NAIC	M,W
	14	Health Care Exhibit's Allocation Report Supplement	AFF	EO	0	4/1	NAIC	M,W
	15	Interest Sensitive Life Insurance Products Report	AFF	EO	xxx	4/1	NAIC	M,N,W
	16	Investment Risk Interrogatories	AFF	EO	0	4/1	NAIC	M,W
	17	Long-Term Care Experience Reporting Forms	AFF	EO	xxx	4/1	NAIC	M,W
	18	Management Discussion & Analysis	AFF	EO	0	4/1	Company	M,W
	19	Medicare Supplement Insurance Experience Exhibit	AFF	EO	xxx	3/1	NAIC	M,W
	20	Medicare Part D Coverage Supplement	AFF	EO	0	3/1 ,5/15, 8/15, 11/15	NAIC	M,W
	21	Risk-Based Capital Report	AFF	EO	0	3/1	NAIC	M,W
	22	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	M,W
	23	Trusteed Surplus Statement	AFF	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	24	XXX/AXXX Reinsurance Exhibit	AFF	EO	0	4/1	NAIC	M,W
		Actuarial Related Items						
	25	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	AFF	EO	0	3/1	Company	M,W
	26	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	AFF	EO	0	3/1	Company	M,W
	27	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	AFF	EO	0	3/1	Company	M,W
	28	Actuarial Certification regarding use 2001 Preferred Class Table	AFF	EO	0	3/1	Company	M,W
	29	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	AFF	N/A	xxx	4/30	Company	M,W
	30	Actuarial Opinion	AFF	EO	0	3/1	Company	M,W
	31	Actuarial Opinion on X-Factors	AFF	EO	0	3/1	Company	M,W
	32	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	AFF	EO	0	3/1	Company	M,W
	33	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	AFF	EO	0	3/1	Company	M,W
	34	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	AFF	EO	0	3/1	Company	M,W
	35	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	AFF	EO	0	3/1	Company	M,W
	36	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	AFF	EO	0	3/1	Company	M,W
	37	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	AFF	N/A	xxx	3/15	Company	M,W
	38	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	AFF	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	M,W
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	AFF	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	M,W
	40	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
	41	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

	42	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
	43	RBC Certification required under C-3 Phase I	AFF	EO	0	3/1	Company	M,W
	44	RBC Certification required under C-3 Phase II	AFF	EO	0	3/1	Company	M,W
	45	Statement on non-guaranteed elements – Exhibit 5 Int. #3	AFF	EO	0	3/1	Company	M,W
	46	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	AFF	EO	0	3/1	Company	M,W
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	65	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15 & 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15 & 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	AFF	EO	0	6/1	Company	K,M,W
INS7166	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	K
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	6/1	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
INS7160	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	90	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	91	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
	92	Request to file Audited Combined/Consolidated Financial Statements	1	N/A	N/A	1/31	Company	
		V. STATE REQUIRED FILINGS* **						
INS7006	101	Application for renewal of Certificate of Authority	1	0	1	3/1	State****	C
	102	Certificate of Compliance	0	0	1	3/1	State	P
	103	Certificate of Deposit	0	0	1	3/1	State	P
	104	Domestic Franchise Tax Return – DO NOT FILE HARD COPY	EO	0	0	3/1	State****	V
On-line only	105	Premium Tax Advance Payment – Invoice Available On-Line 9/1 – Premium Tax On-Line Data (www.insurance.ohio.gov secured logon)	1	0	0	10/15	State	E
	106	Signed Jurat	1	0	0	3/1,5/15,8/15,11/15	NAIC	L,M
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,N
INS7214	108	Domestic Insurance Tax Summary to Treasurer of State*****	1	0	0	3/1	State****	E
INS7140	109	Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY	EO	0	EO	3/1	State****	W
No Form		Statement of Compliance with Ohio Administrative Code Section 3901-6-02 and/or 3901-09-07 on company letterhead.						
INS7001	110	NAIC IRIS Response (Required if 4 or more failures)	1	0	1	5/15	Company	V
#No form	111	Affix Barcodes	xxx	INFO	xxx	Informational Only	NAIC	S
INS7062	112	Internet Submissions to NAIC	INFO	INFO	INFO	Informational Only	State****	S
	113	Form F – Enterprise Risk Report ******	1	0	0	6/1	Company	O

***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.**

********Ohio has 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 not 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

		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, 3rd 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.	NONE
	D	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 the Department of Insurance.	NONE. 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	NONE
	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.
	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 (NAIC):	Please refer to the Appendix of the NAIC Annual Statement Instructions.
	M	Signed Jurat:	Domestic insurers must attached 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: Ohio no longer has state specific bar code instructions.	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 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 (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 (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.

W:\QA\BLANKS\CHECKLISTS\2015_filingsmade2016\fratcklist_2015_filingsmade2016.docx