

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **OHIO** Filings Made During the Year 2009

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE (See Note "E")	(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	Z
	1.1	Printed Investment Schedule detail (Pages E01-E27)	AFF*	EO	0	3/1	NAIC	Z
	2	Quarterly Financial Statement (8 1/2" x 14")	AFF*	EO	0	5/15, 8/15, 11/15	NAIC	Z
	3	Separate Accounts Annual Statement (8 1/2"x14")	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 Annuity Nonforfeiture Compliance	AFF*	EO	0	3/1	Company	Z
#	12	Actuarial Opinion on X-Factors	AFF*	EO	0	3/1	Company	Z
#	13	Actuarial Opinion on Separate Accounts Funding	AFF*	EO	0	3/1	Company	Z
#	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	AFF*	EO	0	3/1	Company	Z
	15	Credit Insurance Experience Exhibit	AFF*	EO	0	4/1	NAIC	Z
	16	Interest Sensitive Life Insurance Products Report	AFF*	EO	0	4/1	NAIC	M
	17	Investment Risk Interrogatories	AFF*	EO	0	4/1	NAIC	Z
	18	Life, Health & Annuity Guaranty Assess Base Recon Exhibit	AFF*	EO	0	4/1	NAIC	Z
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	AFF*	EO	0	4/1	NAIC	Z
	20	Long-term Care Experience Reporting Forms	AFF*	EO	0	4/1	NAIC	Z
	21	Management Discussion & Analysis	AFF*	EO	0	4/1	Company	
	22	Medicare Supplement Insurance Experience Exhibit	AFF*	EO	0	3/1	NAIC	Z
	23	Medicare Part D Coverage Supplement	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	N, Z
	24	Reasonableness of Assumptions Certification	AFF*	EO	0	3/1,5/15, 8/15, 11/15	Company	Z
	25	Reasonableness & Consistency of Assumptions Cert.	AFF*	EO	0	3/1,5/15, 8/15, 11/15	Company	Z
	26	Reasonableness of Assumptions-Implied Guaranteed Rate Method	AFF*	EO	0	3/1,5/15, 8/15, 11/15	Company	Z
	27	Reasonableness of Assumptions Cert. (Updated Avg Mkt Value)	AFF*	EO	0	3/1,5/15, 8/15, 11/15	Company	Z
	28	Reasonableness of Assumptions Cert. (Updated Market Value)	AFF*	EO	0	3/1,5/15, 8/15, 11/15	Company	Z
	29	Risk-Based Capital Report	AFF*	EO	0	3/1	NAIC	Z
#	30	RBC Certification required under C-3 Phase I	AFF*	EO	0	3/1	Company	Z
#	31	RBC Certification required under C-3 Phase II	AFF*	EO	0	3/1	Company	Z
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	M
	33	Statement of Actuarial Opinion	AFF*	EO	0	3/1	Company	
	34	Statement on non-guaranteed elements - Exhibit 5 Int. #3	AFF*	EO	0	3/1	Company	M
	35	Statement on par/non-par policies - Exhibit 5 Int. 1.1	AFF*	EO	0	3/1	Company	M
	36	Supplemental Compensation Exhibit	1	N/A	0	3/1	NAIC	M
	37	Supplemental Schedule O	AFF*	EO	0	3/1	NAIC	Z
	38	Trusted Surplus Statement	AFF*	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	Z
	39	Workers' Compensation Carve Out Supplement	AFF*	EO	0	3/1	NAIC	Z
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	
	41	March .PDF Filing	XXX	1	XXX	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	
#	43	Risk-Based Capital .PDF Filing	XXX	1	N/A	3/1	NAIC	
	44	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	
	45	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	
	46	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	
	47	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	
	48	Quarterly Statement Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	49	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	50	June .PDF Filing	XXX	1	XXX	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	62	Audited Financial Statements	AFF*	EO	XXX	6/1	Company	J
INS7166	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	J
	64	Independent CPA	1	N/A	N/A	6/1	Company	
	65	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	1	6/1	Company	
INS7160	67	Request for Exemption to File	1	N/A	1	1/31	Company	
INS7160	68	Request to File Consolidated Audited Financial Statements	1	N/A	N/A	1/31	Company	
V. STATE REQUIRED FILINGS								
INS7006	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	O
INS7146	104	Foreign Premium Tax Return- DO NOT FILE HARDCOPY	0	0	EO	3/1	State****	Z
INS7142	105	Domestic Franchise 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
INS7140	108	Business Tax Credit (if applicable)- DO NOT FILE HARDCOPY	EO	0	EO	3/1	State****	Z
INS7214	109	Domestic Insurance Tax Summary to Treasurer of State****	1	0	0	3/1	State****	D
INS7215	110	Foreign Insurance Tax Summary to Treasurer of State****	0	0	1	3/1	State****	D
No form	111	Statement of Compliance with Rule 3901-1-16 & 3901-6-02	1	0	1	3/1	Company	P

INS7001	112	NAIC IRIS Results Requirements	1	0	1	5/15	Company	R
INS7213	113	Affix Barcodes (See Instructions)	Info	Info	Info	Info only, No filing	State****	R
INS7062	114	Internet & Diskette Submissions to NAIC	Info	Info	Info	Info only, No filing	State****	R
INS7226	115	Exhibit of Premiums, Enrollment & Utilization - HIC Line of Business Licensees Only .. See Ohio Revised Code §1751.02(F)	1	0	1	3/1, 5/15, 8/15, 11/15	State****	T
No form	116	Gain & Loss Exhibits for Participating & Non-Participating Policies, ORC §3911.02. Submit A/S p. 6 for each type.	1	0	0	3/1	Company	

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: <i>Annual & Quarterly Filings:</i> <i>Premium & Franchise Tax:</i>	<i>Susan Shidaker</i> (614) 644-2566 or E-mail: taxes@ins.state.oh.us
B	Mailing Address for Premium & Franchise Tax Returns: <i>NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to this address. See Note D.</i>	NONE. Do Not Mail Tax Returns. Electronic filing only.
C	Mailing Address for Annual and Quarterly Filings: <i>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.</i>	Ohio Department of Insurance Office of Risk Assessment 50 West Town Street, 3 rd Floor Columbus, OH 43215
D	Mailing Address for Premium & Franchise Tax Payments: <i>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.</i>	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:	Amendments must be accompanied by an explanation and documentation. Original signature requirements apply.
J	Exceptions from normal filings: <i>Applications for EXEMPTION must be received by the earlier of 30-days prior to the due date of the filing that the exemption is requested for or the due date indicated on this Checklist.</i>	Ohio cannot grant extensions for filings. Foreign companies filing late 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: <i>DO NOT FILE Certificate of Valuation.</i>	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 3901-1-16 and 3901-6-02:	Every insurer subject to Rules 3901-1-16 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 §3901.48.
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 investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

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

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.

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 (EX4) 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 web site). 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.