

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

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

(1) Checklist	(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")	1	EO	xxx	3/1	NAIC	F, G
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	G
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	
	12	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	
	13	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	14	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	15	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	16	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	17	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	
	20	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	21	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	22	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	23	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, H
	25	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	26	Supplemental Compensation Exhibit	1	N/A	1	3/1	NAIC	F, M, O
	27	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
	28	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	29	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
	30	XXX/AXXX Reinsurance Exhibit	1	EO	xxx	4/1	NAIC	Z
Actuarial Related Items								
	31	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	0	EO	0	3/1	Company	P
	32	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	33	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	34	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	
	36	Actuarial Opinion	1	EO	xxx	3/1	Company	G
	37	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	0	EO	0	3/1	Company	Q
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	0	EO	0	3/1	Company	R
	40	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	0	EO	0	3/1	Company	S
	41	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	42	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	
	43	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	xxx	3/15	Company	G, X

44	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
46	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
49	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	
50	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	
51	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	Company	
52	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO	xxx	3/1	Company	
	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	1	EO	xxx	6/1	Company	T
83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A		Company	
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		Company	T
86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	T
87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
88	Request for Exemption to File	1	N/A	N/A	5/1	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	
	V. STATE REQUIRED FILINGS***						
101	Annual Premium Tax Return	1	0	1	3/1	State	A-H
102	Annual Statement Page 24, Direct Business Page for NE	1	0	1	3/1	NAIC	U
103	Annual Statement Schedule T Page (Page 49-50)	1	0	1	3/1	NAIC	U
104	Comprehensive Health Insurance Pool	1	0	1	4/1	State	AA
105	Fraud Contact Form	1	0	1	3/1	State	V
106	Holding Company Filings	2	0	N/A	5/1	Company	W
107	Nebraska Small Employer Reinsurance Program	1	0	1	4/15	State	BB
108	Quarterly Premium Tax Return	1	0	1	4/15, 6/15, 9/15	State	D, F
109	Signed Jurat	xxx	0	xxx	3/1	NAIC	L
110	State Filing Fees	\$400	0	\$400	3/1	State	C
111	Statement of Actuarial Opinion for Interest Indexed Universal Life	1	0	xxx	3/1	Company	Y
112	Own Risk and Solvency Assessment	1	N/A	xxx	Annually	Company	CC

*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 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 Statement & Related Supplemental Filings: Justin Schrader, Chief Financial Examiner (402) 471-4734 Justin.Schrader@nebraska.gov Premium Taxes: Martha Hettenbaugh (402) 471-4671 Martha.Hettenbaugh@nebraska.gov
	B	Mailing Address:	Overnight Mail: Use street address Nebraska Department of Insurance 941 O. Street, Suite 400 Lincoln, NE 68508 Postal Service Address: Nebraska Department of Insurance PO Box 82089 Lincoln, NE 68501-2089
	C	Mailing Address for Filing Fees:	Same as above. See Premium Tax Return for additional fees.
	D	Mailing Address for Premium Tax Payments:	OPTins is the preferred method for filing premium taxes; however, it is not mandatory at this time. Instructions can be found at optins.org . If you are not filing electronically through OPTins, the Department will continue to accept filing and payment at the above mailing address for the 2015 year.
	E	Delivery Instructions:	All filings must be physically received by the Department no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	Insurers who fail to pay any premium or retaliatory tax when due shall pay interest at the rate of 3 percent. A forfeiture of \$100 per day will be imposed for late filing of the Annual Statement, Supplemental Compensation Exhibit, and other supplemental filings. In addition, the Director may suspend or refuse to renew the company's certificate of authority until such filings are made.
	G	Original Signatures:	Original signatures required on all filings from domestic companies. Signatures should be in a colored ink that can easily be determined to be an original and not a copy.
	H	Signature/Notarization/Certification:	Most corporate records (Articles of Incorporation and By-laws) identify the Executive Corporate Officers. In most cases, this consists of the President, Treasurer and Secretary. The corporate records give the authority to these Executive Officers to operate the company and will define their duties/functions/responsibilities/obligations as well. The Jurat Page should reflect these Executive Officers. Since the Executive Officers are given the authority under corporate records, they should sign the Jurat Page of the statement. The Annual Statement instructions require that if these Officers are incapacitated or not available due to a personal emergency, the company should contact the Department for direction as to who should sign the Jurat Page.

			RBC Jurat Page must contain same signatures as found on the Annual Statement Jurat Page.
	I	Amended Filings:	Insurers must file amended items within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings:	Extensions, not to exceed thirty days, for filing the Annual Statement may be granted for good and sufficient cause. See Neb.Rev.Stat. §44-322 . Requests should be sent to Justin Schrader, Chief Financial Examiner (402) 471-4734 or via email Justin.Schrader@nebraska.gov
	K	Bar Codes (State or NAIC):	NAIC bar codes <u>must</u> be placed on all filings. Please follow the instructions in the NAIC Annual Statement Instructions.
	L	Signed Jurat:	See Note H
	M	NONE Filings:	See NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	
	O	Supplemental Compensation Exhibit	The Supplemental Compensation Exhibit is a mandatory filing for both foreign and domestic companies. See Neb.Rev.Stat. §44-322 . See NAIC Annual Statement Instructions. Send electronic copy in PDF format to DOI.CompExhibit@Nebraska.gov with the name & NAIC number in the subject line or a hard copy mailed to Justin Schrader, Chief Financial Examiner in a separate envelope. Notes: Mark “None” on the filing if no salaries were paid. Please put your company NAIC number and name on the exhibit at the top.
	P	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	Nebraska has not adopted Model Regulation 806 and does not require an actuarial certification regarding compliance of equity indexed annuities.
	Q	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	Nebraska has not adopted Model Regulation 200 and does not require an actuarial opinion regarding Separate Accounts Funding Guaranteed Minimum Benefits.
	R	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	NE Title 210, Chapter 80, Synthetic Guaranteed Investment Contracts does not require an actuarial opinion.
	S	Actuarial Opinion Required by Modified Guaranteed Annuity Model Regulation	Nebraska has not adopted Model Regulation 255 and does not require an actuarial opinion regarding Modified Guaranteed Annuities.
	T	Audited Financial Reports	<u>Checklist Line # 82:</u> §005.06 requires the Annual Audited Financial Report to include a reconciliation if there are differences between the audited statutory financial statements and the annual statement filed pursuant to NEB.REV.STAT. §44-322 . This reconciliation needs to include a written description of the nature of these differences. The Department will consider the filing incomplete if there are differences and a reconciliation and descriptions are not included or inadequate. The reconciliation and descriptions need to make “all” changes fully and clearly understandable as to why the change was made and by what amount “each” line item was changed. This requirement applies to changes to both current year and prior year amounts. Also, the Department will expect correspondence from the Company disclosing whether they intend to amend the Annual Statement to agree with the audited changes. <u>Checklist Line #85:</u> Designation & awareness letter only

			<p>applicable when first subject to the Rule or if there is a change in Independent CPA. Section 006.03 requires notification within 5 days if independent CPA is dismissed or resigns. A separate letter within 10 days should disclose any disagreements, followed by a response from the former independent CPA whether they agree.</p> <p><u>Checklist Line # 86:</u> "Management's Report of Internal Control Over Financial Reporting" is required to be filed from insurers with annual direct written and assumed premiums \geq \$500 million, excluding reinsured crop and flood. This requirement may be satisfied by filing a SEC Section 404 Report plus an addendum, as explained in Section 016.03. Insurers in any RBC level event or in a hazardous condition may also be required to file.</p>
	U	Direct Business Page and Schedule T	Nebraska requires only one copy of the Direct Business Page for NE, and one copy of Schedule T for premium tax audit purposes. Please attach to premium tax return.
	V	Fraud Contact Form	<p>The PDF form is located at http://www.doi.ne.gov/fraud/fraudcon.pdf</p> <p>The form can be submitted in hard copy with the premium tax forms, faxed to 402-471-8335, or e-mailed to DOI.FraudPrevention@nebraska.gov.</p>
	W	Holding Company Filings	<p>Form A: Send electronic copy in PDF format to Christine.Neighbors@Nebraska.gov, followed by two (2) hard copies mailed to the Director, Attention Christine Neighbors.</p> <p>Forms B, C, D, & F: Send electronic copy in PDF format to DOI.HoldingCompany@Nebraska.gov, followed by one (1) hard copy mailed to Lindsay Crawford.</p> <p>*Notes- Forms B, C & F are required annually on May 1st. Consistent with the Form B & C filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note that this filing is intended to be submitted to the lead state.</p> <p>For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm</p> <p>Dividend Notices: Send electronic notice in PDF format to both DOI.HoldingCompany@Nebraska.gov followed by one (1) hard copy mailed to the Director.</p> <p>Any questions, contact Lindsay Crawford at Lindsay.Crawford@nebraska.gov or (402) 471-4152.</p>
	X	Regulatory Asset Adequacy Issues Summary	<p>See NE. Title 210, Chapter 69, Section 007.01(E) Filing is required from Accredited Reinsurers and Domestic Companies.</p> <p>Send hard copy mailed to the Chief Financial Examiner, Justin Schrader</p>
	Y	Actuarial Opinion for Interest Indexed Universal Life	See Chapter 40, Section 010.02 of the Nebraska Department Insurance Regulations.
	Z	Supplemental XXX/AXXX Reinsurance Exhibit	See NAIC Annual Statement Instructions.
	AA	Comprehensive Health Insurance Pool	<p>Only insurers that write health insurance need to file this form. Insurers that write only property and casualty insurance do not need to file this form.</p> <p>The form and instructions can be found on the DOI Website at: http://www.doi.nebraska.gov/prem_tax/chipform.pdf</p> <p>Return completed form to the Mailing Address.</p>

	BB	Nebraska Small Employer Reinsurance Program (NSEHRP)	<p>Under Neb. Rev. Stat. § 44-5261(11), assessments for the reinsurance program are determined by each carrier's share of the assessable market.</p> <p>The form can be found on the DOI Website at: http://www.doi.nebraska.gov/prem_tax/nsehrp.pdf</p> <p>Send hard copy of the form to John Rink at Mailing Address.</p>
	CC	Own Risk and Solvency Assessment (ORSA)	<p>See ORSA Guidance Manual for instructions. The document is submitted to the lead state only of the group, not the NAIC or each domestic. Filing is due annually <u>NEB.REV.STAT.</u> § 44-9006 & 44-9007.</p> <p>For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm</p> <p>Send electronic copy in PDF format to DOI.HoldingCompany@Nebraska.gov followed by one (1) hard copy mailed to Darrin Riha.</p>

**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 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 before submitting a filing.

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