

UNITED STATES BRANCH OF NON-US INSURERS (including Non-US Surplus-lines insurers)

That DO NOT use MICHIGAN as a Port of Entry

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

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN 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	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	N/A	N/A	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	11	Actuarial Opinion Summary	N/A	N/A	0	3/15	Company	A-K
	12	Credit Insurance Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	13	Insurance Expense Exhibit – property and casualty	N/A	N/A	xxx	4/1	NAIC	A-K, M
	14	Interest Sensitive Life Insurance Products Report	N/A	N/A	xxx	4/1	NAIC	A-K, M
	15	Investment Risk Interrogatories	N/A	N/A	xxx	4/1	NAIC	A-K, M
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	N/A	N/A	xxx	4/1	NAIC	A-K, M
	18	Long Term Care Experience Reporting Forms	N/A	N/A	xxx	4/1	NAIC	A-K, M
	19	Management Discussion & Analysis	N/A	N/A	xxx	4/1	Company	A-K
	20	Medicare Supplement Insurance Experience Exhibit	N/A	N/A	xxx	3/1	NAIC	A-K, M
	21	Medicare Part D Coverage Supplement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	22	Risk-Based Capital Report	N/A	N/A	N/A	3/1	NAIC	A-K
	23	Schedule SIS	N/A	N/A	N/A	3/1	NAIC	A-K, M
	24	Statement of Actuarial Opinion	N/A	N/A	xxx	3/1	Company	A-K
	25	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	N/A	N/A	xxx	3/1	Company	A-K, M
	26	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	xxx	N/A	xxx	3/1	Company	A-K, M
	27	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	A-K, M
	28	Supplemental Schedule O	N/A	N/A	xxx	3/1	NAIC	A-K, M
	29	Trusteed Surplus Statement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	30	Workers' Compensation Carve Out Supplement	N/A	N/A	xxx	3/1	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	41	March .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	42	Risk-Based Capital Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	44	Separate Accounts Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	45	Separate Accounts .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	46	Supplemental Electronic Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	47	Supplemental .PDF Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	48	Quarterly Electronic Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	49	Quarterly .PDF Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	50	June .PDF Filing	N/A	N/A	xxx	6/1	NAIC	A-K, M
		IV. AUDITED FINANCIAL STATEMENTS						
	61	Accountants Letter of Qualifications	N/A	N/A	N/A	6/1	Company	A-K, O
	62	Audited Financial Statements	N/A	N/A	xxx	6/1	Company	A-K, O
	63	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A-K
	64	Independent CPA	N/A	N/A	N/A	6/1	Company	A-K, O
	65	Notification of Adverse Financial Condition	N/A	N/A	1	SEE NOTE	Company	A-K, P
	66	Report of Significant Deficiencies in Internal Controls	N/A	N/A	1	8/1	Company	A-K, Q
	67	Request for Exemption to File	N/A	N/A	N/A	SEE NOTE	Company	A-K, R
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance from Port of Entry State	N/A	N/A	0	3/1	State	A-K
	102	Certificate of Deposit from Port of Entry State	N/A	N/A	0	3/1	State	A-K

103	Certificate of Valuation	N/A	N/A	1	7/1	State	A-K
104	Filings Checklist (with Column 1 completed)	N/A	N/A			State	A-K
105	Premium tax	N/A	N/A		SEE NOTE	State	D
106	State Filing Fees	N/A	N/A		SEE NOTE	State	C
107	Signed Jurat	N/A	N/A	0	SEE NOTE	State	L
108	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	3/1	Company	A-K
109	Assessable Premium for Michigan Assigned Claims Facilities pursuant to P.A. 174 of 1974 – submission required by all property and casualty insurers except surplus lines insurers (send to Assigned Claims Facility of the Michigan Department of State)	N/A	N/A	1	3/1	State – FIS 0065	A-K
110	Assessable Premium Calculation for Michigan Basic Property pursuant to MCLA 500.2932 – submission required by all property and casualty insurers (form available directly from the Michigan Basic Property Insurance Association (MBPIA) at the following link: http://www.mbpia.com/MISCFILES/MB_0116_MI_Basic.pdf . The form can also be accessed on the MBPIA website (www.mbpia.com) by clicking on the Member Companies button from their home page.)	N/A	N/A	1	3/1	State – Mich. Basic Prop. Ins. Assoc.	A-K
111	ATPA Annual Assessment pursuant to P.A. 174 of 1992 – submission required by all auto insurers (send to Michigan Department of State Police)	N/A	N/A	1	3/31	State – FIS 0055	A-K
112	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	N/A	N/A	xxx	5/1	Company	A-K, S
113	MCCA Annual Assessment Report pursuant to MCLA 500.3104 – submission required by all property and casualty insurers (send to Michigan Catastrophic Claims Association)	N/A	N/A	1	8/15	State – FIS 0075	A-K
114	Municipal/Liquor Liability Report of Premiums and Losses for Michigan pursuant to MCLA 2409(b) – submission required by all property and casualty insurers (send to Policy Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	3/1	State – FIS 0118	A-K
115	Annual State of total business on the form filed with the domiciliary regulator of the country of origin (include a copy in English)	N/A	N/A	1	When available	Company	A-K
116	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	4/15	State- FIS 0318	A-K
117	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	3/1	State- FIS 0322	A-K

***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.**