

FRATERNAL SOCIETIES

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

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN **Filings Made During the Year 2012**

(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")	1	EO	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E27) @	1	EO	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M, U
	3	Separate Accounts Annual Statement (8 1/2"x 14")	1	EO	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	A-K, M
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	A-K, M
	15	Actuarial Opinion	1	EO	xxx	3/1	Company	A-K, M
	16	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	A-K, M
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	A-K, M
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	A-K, M
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	A-K, M
	20	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	A-K, M
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	A-K, M
	22	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	23	Health Care Exhibit (Part 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	24	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	25	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	A-K, M
	26	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	27	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	28	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	29	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K
	30	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	31	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	32	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	33	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	34	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	35	Reasonableness & Consistency of Assumptions Cert. Required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	36	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	A-K, M
	37	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	A-K, M
	38	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	A-K
	39	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	A-K
	40	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	xxx	EO	xxx	3/1	Company	A-K, M
	41	Statement on participating/non-participating policies – Exhibit 5 Interr. #1.& 2	xxx	EO	xxx	3/1	Company	A-K, M
	42	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	43	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	53	Risk Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M

57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A-K, O
72	Audited Financial Reports	1	EO	xxx	6/1	Company	A-K, O
73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	1	8/1	Company	A-K, Q
75	Independent CPA (change)	1	N/A	N/A	6/1	Company	A-K, O
76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A-K
77	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
78	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A-K
80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A-K
81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A-K
V. STATE REQUIRED FILINGS							
101	Certificate of Compliance	xxx	0	xxx	3/1	State	A-K
102	Certificate of Deposit	xxx	0	xxx	3/1	State	A-K
103	Certificate of Valuation	xxx	0	1	7/1	State	A-K
104	Filings Checklist (with Column 1 completed)	xxx	0			State	
105	Premium tax		0		SEE NOTE	State	D
106	State Filing Fees		0		SEE NOTE	State	C
107	Signed Jurat	0	0	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. Advertisement of Life Insurance and Annuities Certificate of Compliance per Admin Rule 500.1385. Submit via SERFF.	EO	0	xxx	3/1	Company	A-K
109	Qualifying Assets Under Section 901(1) of the Michigan Insurance Code	1	0	xxx	3/1	State – FIS 0079	A-K, T
110	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Regulation)	1	0	1	4/15	State- FIS 0318	A-K
111	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Regulation)	1	0	1	4/1	State- FIS 0322	A-K
112	Regulatory Asset Adequacy Issues Summary – as required per Admin. Rule 500.996 (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Regulation)	1	0	xxx	3/15	Company	A-K
113	Officer and Director Biographical Information	1	0	xxx	SEE NOTE	NAIC	A-K, V

***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.**

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.