

## FRATERNAL SOCIETIES

**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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	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
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance	1	EO	xxx	3/1	Company	A-K, M
	12	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	A-K, M
	13	Actuarial Opinion on Separate Accounts Funding	1	EO	xxx	3/1	Company	A-K, M
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	A-K, M
	15	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	A-K, M
	16	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	17	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	18	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K
	19	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	20	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	21	Reasonableness of Assumptions Certification	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	22	Reasonableness & Consistency of Assumptions Cert.	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	23	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	25	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	26	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	A-K, M
	27	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	A-K
	28	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	A-K
	29	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	A-K
	30	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	xxx	EO	xxx	3/1	Company	A-K, M
	31	Statement on participating/non-participating policies – Exhibit 5 Interr. #1.1	xxx	EO	xxx	3/1	Company	A-K, M
	32	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	33	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	42	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	43	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	44	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	45	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	46	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	47	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	48	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, O
	62	Audited Financial Statements	1	EO	xxx	6/1	Company	A-K, O
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	64	Independent CPA	1	N/A	N/A	6/1	Company	A-K, O
	65	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, Q
	67	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R

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 (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Regulation)	1	xxx	xxx	3/1	Company	A-K	
109	Qualifying Assets Under Section 901(1) of the Michigan Insurance Code	1	xxx	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	xxx	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	xxx	1	3/1	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	xxx	xxx	3/15	Company	A-K	
113	Officer and Director Biographical Information	1	xxx	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.**