

HOSPITAL, MEDICAL, DENTAL, AND INDEMNITY CORPORATIONS

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
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	A-K, Q
	12	Health Care Exhibit (Parts 1,2 and 3) Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	13	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	14	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	15	Life Supplement Data due March 1	1	EO	xxx	3/1	NAIC	A-K, M
	16	Life Supplemental Statement non-guaranteed elements-Exh 5, Int. #3	1	EO	xxx	3/1	Company	A-K, M
	17	Life Supp Statement on par/non-par policies- Exh 5 Int. 1&2	1	EO	xxx	3/1	Company	A-K, M
	18	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	A-K, M
	19	Long-term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	20	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K, P
	21	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	22	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	23	Property/Casualty Supplement due March 1	1	EO	xxx	3/1	NAIC	A-K, M
	24	Property/Casualty Supplement due April 1	1	EO	xxx	4/1	NAIC	A-K, M
	25	Risk-Based Capital Report	1	EO	N/A	3/1	NAIC	A-K
	26	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	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	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	56	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	58	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, R
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	A-K, R
	73	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A	6/1	Company	A-K
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	A-K, T
	75	Independent CPA (change)	1	N/A	N/A	6/1	Company	A-K, R
	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	N/A	SEE NOTE	Company	A-K, S
	78	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K
	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		0			State	A-K
	102	Certificate of Deposit		0			State	A-K
	103	Filings Checklist (with Column 1 completed)		0			State	A-K
	104	Premium Tax		0		SEE NOTE	State	D
	105	State Filing Fees		0		SEE NOTE	State	C
	106	Signed Jurat	0	0	0	SEE NOTE	State	L

	107	Summary of Subsidiary Corporations	1	0	1	3/1	State-FIS 0084	A-K, U
	108	Complaint and Grievance Summary for Health Carriers	1	0	1	4/15	State-FIS 0318	A-K, U
	109	Working Capital Calculation	1	0	1	3/1, 5/15, 8/15, 11/15	State-FIS 0321	A-K, U
	110	Michigan Health Insurance Enrollment, Premiums and Losses	1	0	1	4/1	State-FIS 0322	A-K, U

*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.