

HEALTH MAINTENANCE ORGANIZATIONS

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")	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	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	13	Life Supplemental Data Due March 1	1	EO	xxx	3/1	NAIC	A-K, M
	14	Life Supplement Statement non-guaranteed elements – Exhibit 5, Interrogatory #3	1	EO	xxx	3/1	Company	A-K, M
	15	Life Supplement Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	1	EO	xxx	3/1	Company	A-K, M
	16	Life Supplemental Data Due April 1	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, P
	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	Property/Casualty Supplement Due March 1	1	EO	xxx	3/1	NAIC	A-K, M
	22	Property/Casualty Supplement Due April 1	1	EO	xxx	4/1	NAIC	A-K, M
	23	Risk-Based Capital Report	1	EO	N/A	3/1	NAIC	A-K
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
III. ELECTRONIC FILING REQUIREMENTS								
	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	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	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 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
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, R
	62	Audited Financial Statements	1	EO	xxx	6/1	Company	A-K, R
	63	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A	6/1	Company	A-K
	64	Independent CPA	1	N/A	N/A	6/1	Company	A-K, R
	65	Notification of Adverse Financial Condition	1	N/A	N/A	SEE NOTE	Company	A-K, S
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	A-K, T
	67	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)		0			State	
	102	State Filing Fees		0		SEE NOTE	State	C
	103	Signed Jurat	0	0	0	SEE NOTE	State	L
	104	Annual Notice of Medicaid Claims Defects	1	xxx	1	3/1	State-FIS 0279	A-K, U
	105	Revenue and Expense Reports for HMOs	1	xxx	1	3/1, 5/15, 8/15, 11/15	State-FIS 0317	A-K, U
	106	Complaint and Grievance Summary for Health Carriers	1	xxx	1	4/15	State-FIS 0318	A-K, U
	107	Michigan Health Insurance Enrollment, Premiums and Losses	1	xxx	1	3/1	State-FIS 0322	A-K, U
	108	HMO Inpatient Discharges & Benefit Payouts Report	1	xxx	1	3/1, 5/15, 8/15, 11/15	State-FIS 0320	A-K, U
	109	Insurance Holding Company System Registration Statement – if subject to registration under Michigan Act	1	xxx	xxx	5/1	Company	A-K, X

	110	Working Capital Calculation	1	xxx	1	3/1, 5/15, 8/15, 11/15	State-FIS 0321	A-K, U
	111	Data Collection for 3515(3) Report	1	xxx	1	11/15	State – FIS 0323	A-K, U
	112	HMO Open Enrollment Disclosure	1	xxx	1	3/1	State – FIS 0324	A-K, U
	113	Copy of Current Provider Directory, Current Certificates of Coverage and Current Member Handbook for each line of business	1	xxx	xxx	4/1	Company	A-K, Y

*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.