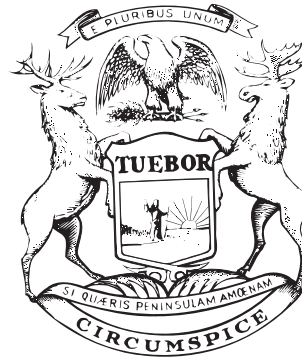


2011

Life, Accident & Health Insurers  
Fraternal Benefit Societies  
United States Branches of Non-US Insurers



# Forms & Instructions

for required filings  
in Michigan



FIS-PUB 0093

Department of Licensing and Regulatory Affairs  
Office of Financial and Insurance Regulation

## TABLE OF CONTENTS

	<u>Page(s)</u>
Order 11-051-M.....	1 – 3
Significant Changes and Reminders for the 2011 Forms & Instructions.....	4 - 5
General Information and Instructions .....	6 - 8
General Instructions .....	9 - 15
Checklist of Form Filings:	
Life, Accident and Health Insurers.....	16 - 17
United States Branch of Non-U.S. Insurers that Use Michigan as a Port of Entry .....	18 - 19
Fraternal Benefit Societies.....	20 - 21
United States Branch of Non-U.S. Insurers that do not use Michigan as a Port of Entry .....	22 - 23
 <i><u>Appendix I</u></i>	
Qualifying Asset Instructions and Forms:.....	24 - 29
Valuation of Section 411 Trusteed Assets under Section 901 - Life and A&H .....	(FIS 0063)
Fraternal Benefit Society Qualifying Assets under 901 .....	(FIS 0079)
Life, Accident and Health Insurers Qualifying Assets under 901 .....	(FIS 0081)
Non-Insurance Entity Qualifying Assets under 901(1).....	(FIS 0082)
 <i><u>Appendix II</u></i>	
Other Forms:	
Complaint and Grievance Summary for Health Carriers .....	(FIS 0318)
Michigan Health Insurance Enrollment, Premiums and Losses .....	(FIS 0322)
 <i><u>Appendix III</u></i>	
Supplemental Checklist on Where to Send Forms Included in These Instructions	
 <i><u>Appendix IV</u></i>	
Listing of Companies for Which Reinsurance Credits are Allowed	

**STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
OFFICE OF FINANCIAL AND INSURANCE REGULATION**

**Before the Commissioner of Financial and Insurance Regulation**

**In the matter of financial statements,  
accounting practices and procedures  
and valuation of securities as of  
December 31, 2011**

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**Order No. 11-051-M**

**Issued and entered  
this 6<sup>th</sup> day of January, 2012  
by R. Kevin Clinton  
Commissioner**

## **ORDER PRESCRIBING FORMS, CONTENTS, AND INSTRUCTIONS**

### **I BACKGROUND**

Pursuant to Section 438 of the Michigan Insurance Code of 1956, as amended (the Code), MCLA 500.438, and the Administrative Procedures Act of 1969, as amended, MCLA 24.201 *et. seq.*, the Commissioner prescribes the format and content of statements that are suitable and adaptable to each kind of insurer authorized or eligible to transact business in Michigan. A statement filed by the insurer shall be prepared in accordance with instruction provided by, and accounting practices and procedures designated by, the Commissioner.

The National Association of Insurance Commissioners (NAIC) has established instructions and accounting guidance for the completion of the 2011 annual and the 2012 quarterly statements and forms. These instructions pertain to Life, Accident and Health companies, Fraternal Benefit Societies and United States Branches of Non-U.S. Insurers. The accounting guidance is located in the NAIC Accounting Practices and Procedures manual. The manual is continually updated and requires insurers to fully disclose and quantify any deviations from the practices and procedures adopted in the manual. By completing the financial statements and forms in accordance with the instructions and accounting guidance, these entities will submit useful and necessary regulatory information to the Commissioner. These entities shall follow the 2011 NAIC Annual Statement Instructions and NAIC Accounting Practices and Procedures manual to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code, or the 2011 *Forms and Instructions for Required Filings in Michigan*.

### **II FINDINGS OF FACT AND CONCLUSIONS OF LAW**

Based on the foregoing considerations, the Commissioner FINDS and CONCLUDES that:

1. The 2011 NAIC annual statement blank, the 2012 quarterly statement blanks, the 2011 NAIC Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual, including appendices A – F and excluding Actuarial Guideline XXXV in Appendix C, and the 2011 *Forms and*

*Instructions for Required Filings in Michigan* establish appropriate forms with instructions for filing statements of financial condition for all insurers that are authorized or eligible to transact business in Michigan.

2. The Michigan Office of Financial and Insurance Regulation (OFIR) waives the filing of printed quarterly statements, annual statements and supplements for foreign insurers in Michigan. OFIR will rely on filings made with the NAIC as meeting the statutory requirement to file financial statements in Michigan. Michigan domestic companies must ensure that all filings with the NAIC are proper and timely. Failure to properly submit filings with the NAIC will subject companies to penalties as outlined below.
3. The Purposes and Procedures Manual of the NAIC Securities Valuation Office establishes appropriate instructions for filing, reporting and valuing securities reported in financial statements for all insurers that are authorized or eligible to transact business in Michigan, unless otherwise indicated in this order or by statute. The NAIC Financial Condition (E) Committee establishes instruction for valuing other invested assets.
4. Submission of this information in no way limits the Commissioner from requesting further information regarding the financial condition of a regulated entity. The Commissioner may address inquiries to any regulated entity concerning the conduct of its business or its financial condition; any regulated entity so addressed shall promptly reply in writing to the Commissioner's inquiries.
5. Failure to comply with all filing instructions and requirements will result in rejection of the materials submitted as not constituting an annual statement filing for the purposes of the Code and will subject the filing entity to a civil penalty of not less than \$1,000 or more than \$5,000 and an additional \$50 for each day that such insurer fails to file its information in accordance with Section 438(5) of the Code, MCLA 500.438(5).

### III ORDER

Therefore, it is ORDERED that:

1. The 2011 NAIC annual statement blank, the 2012 quarterly statement blanks, the 2011 NAIC Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual, including appendices A – F and excluding Actuarial Guideline XXXV in Appendix C, and the 2011 *Forms and Instructions for Required Filings in Michigan* are hereby adopted. All insurers shall file the NAIC annual and quarterly statements and shall follow the 2011 NAIC Annual Statement Instructions and the accounting practices, procedures, and reporting standards promulgated by the NAIC, to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code, or the 2011 *Forms and Instructions for Required Filings in Michigan*. This shall include, but not be limited to, the Risk-Based Capital (RBC) calculations and reporting requirements as detailed in the RBC instructions adopted by the NAIC. If a company has been granted a permitted practice or where the 2011 *Forms and Instructions for Required Filings in Michigan* (prescribed practice) deviates from the NAIC Accounting Practices and Procedures Manual, companies are required to make the appropriate disclosure in the Notes to the Financial Statements in accordance with the guidance found in the NAIC Accounting Practices and Procedures Manual. Any and all supplemental schedules, exhibits and/or miscellaneous forms which request specific information not included in the "Association Edition" are part of the annual statement filing within the meaning of Section 438 of the Code.
2. A copy of the 2011 *Forms and Instructions for Required Filings in Michigan* shall be posted on the web site of the Office of Financial and Insurance Regulation and sent to any insurer authorized or eligible to transact business in Michigan that specifically requests a hard copy.

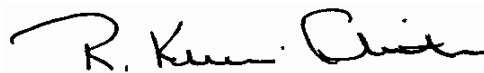
3. For purposes of valuation of securities and other investments pursuant to Sections 841 and 842 of the Code, MCLA 500.841 and 500.842, securities owned by insurers shall be valued in accordance with those standards published in the Purposes and Procedures Manual of the NAIC Securities Valuation Office (Valuation Manual) with the following exception:

**Filing Waiver:** Insurers may seek a filing waiver from submitting some securities to the NAIC Securities Valuation Office (SVO). The Valuation Manual does not require securities that are rated and monitored by NAIC Acceptable Rating Organizations (ARO) to be submitted or valued by the SVO. Insurers are allowed to use the ratings of the NAIC ARO as permitted by the Valuation Manual. However, there may be other securities that do not meet the Valuation Manual criteria for filing exemption that the Commissioner may deem appropriate not to file with the SVO. Insurers may request from the Commissioner an exemption from the requirement to submit these securities to the SVO for valuation and rating. Exemptions will be good for the calendar year in which the exemption is granted. The request for exemption should state the insurers' rationale for not submitting the securities to the SVO, how the insurer will value, monitor and rate the security for financial reporting, and why the security does not meet the Valuation Manual criteria for filing exemption. The request must also include the date the security was purchased and the rating from the NAIC ARO. Factors that will be considered for granting the exemption will include whether the security is rated by a NAIC ARO, whether the insurer's methods of valuation is reasonable and appropriate, and the nature of the security. Insurers must submit the request for exemption within 120 days of the purchase of the security or within 120 days of the filing of the first financial statement where the insurer will report the filing waiver. The determination to grant a filing waiver on a specific security is at the sole discretion of the Commissioner. Requests for exemption from this office should NOT include securities considered filing exempt from valuation pursuant to the Valuation Manual.

Other invested assets should be valued in accordance with the procedures promulgated by the NAIC Financial Condition (E) Committee.

The Commissioner specifically retains jurisdiction of the matters contained herein and the authority to issue such further order or orders as he shall deem just, necessary, and appropriate.

This Order supersedes Order 10-103-M.



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R. Kevin Clinton  
Commissioner

## SIGNIFICANT CHANGES AND REMINDERS FOR THE 2011 FORMS & INSTRUCTIONS

**Please review the following for a summary of some of the significant changes and reminders for the 2011 *Forms and Instructions for Required Filings in Michigan*.**

1. With many states now accepting and using the electronic financial statements filings, it is even more important that all insurers file, in a timely manner, any amendments to the financial statements with the NAIC. Companies will be subject to fines if amendments are not properly filed electronically with the NAIC. Domestic insurers are also reminded that hard copy amendments filed with OFIR must contain original signatures or they will not be accepted. **Note that companies are not required to file hard copy filings with the NAIC, only electronic filings.**
2. In addition to a letter of notification as required by Section 250 of the Michigan Insurance Code, all domestic insurers must file officer and director biographical information for all new officers and directors reported on the jurat page. **Additionally, OFIR now requires that all new officers and directors submit fingerprints.** See the accompanying checklists for State Required Filings. OFIR has adopted the NAIC Biographical Affidavit, which can be found on the NAIC's web site at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm), for the reporting of officer and director biographical information. The biographical affidavit filed with OFIR must be the original signed form, not a copy.
3. Public Act 291 of 2006 enacted a reporting requirement for insurers, whereby, Section 5238(3) of the Michigan Insurance Code requires each director of a domestic insurer to take and subscribe an oath when elected or appointed. OFIR has a form, FIS 0425 that must be completed and submitted to OFIR by each director upon election or appointment. The form is available on the OFIR website. (Note that this requirement does not apply to United States Branches of Non-US Insurers Using Michigan as a Port of Entry.)
4. OFIR has received some independent audit opinion letters that contain restricted use language. OFIR will not accept independent audit reports containing opinion letters with restricted use language. Audit reports containing such language will be rejected as not constituting an acceptable filing and will subject the filing entity to civil penalties as described in Section 438(5) of the Michigan Insurance Code.
5. OFIR has noted that certain filings of the Accountant's Letter of Qualification, as required per Section 1019 of the Michigan Insurance Code (the Code), contain language inconsistent with Section 1021(2) of the Code. Section 1021(2) requires that the independent public accountant's audit work papers be retained for a period of not less than five years after the period reported on. Certain qualification letters contain language that work papers will be retained until OFIR has filed a Report of Examination, but no longer than seven years. This statement does not meet the requirements of Section 1021(2), as it is conceivable that work papers could be destroyed prior to the five year minimum retention period. Companies should make their independent public accountant aware that audited financial statements will not be accepted with language inconsistent with Section 1021(2) of the Code.
6. Please note that the Statement of Actuarial Opinion filed under Section 500.830a of the Michigan Insurance Code should contain an original signature, not a stamped signature.
7. In accordance with Bulletin 2008-05-INS issued October 3, 2008, (web site [http://www.michigan.gov/documents/dleg/2008-05-INS\\_251641\\_7.pdf](http://www.michigan.gov/documents/dleg/2008-05-INS_251641_7.pdf) ), effective April 1, 2009, all

insurance rates, rules and policy forms that are required to be filed must be electronically submitted to OFIR via the System for Electronic Rate and Form Filing (SERFF). Effective April 1, 2009, OFIR will no longer accept paper filings. Any paper filings received after this date will be rejected without review.

8. Foreign insurers should note the mailing address for filing forms with OFIR. See the Notes to the Checklists – Note B.
9. Regarding the electronic filing of Note 1 of the Notes to Financial Statements, Note 1 should be completed even if there are no state prescribed or permitted practices.
10. In order to ensure that OFIR has the most current address on file, companies should notify OFIR when the home office and/or mailing address changes.
11. For the 2011 Annual Statement, insurers are required to complete the General Interrogatory related to the Health Statement Test. The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Passing the Health Statement Test may require a reporting entity to complete the Health Statement beginning with the first quarter's statement for the second year following the reporting year in which the reporting entity passes the Health Statement Test, unless the domestic regulator requires the reporting entity to complete an annual statement and risk based capital report that differs from the annual statement instructions. **For life, accident and health companies that pass the Health Statement Test, OFIR is requiring those companies to file the Health Statement (orange blank) beginning with the first quarter 2011. All other reporting requirements and forms remain unchanged. All former blue blank filers still follow these Forms & Instructions.**

# GENERAL INFORMATION AND INSTRUCTIONS

## ATTENTION TO ALL INSURERS

**PLEASE SEE THAT THIS NOTICE IS GIVEN TO THE INDIVIDUAL RESPONSIBLE FOR COMPLETING THE ANNUAL STATEMENT.**

Information in this booklet is also available on the Internet at <http://www.michigan.gov/ofir/> .

This document contains Annual and Quarterly Statement filing instructions and supplemental forms for all insurers authorized or eligible to transact business within the State of Michigan. Please read these instructions as well as the Checklist Instructions BEFORE submitting a filing.

Also review the Annual Statement Instructions prepared by the NAIC in order to familiarize yourself with any changes or new reporting requirements. For most companies the NAIC instructions are produced annually, and are available only through the NAIC office. Please contact the NAIC Insurance Products and Services Division at (816) 783-8300 to order instructions. Questions should be directed to the NAIC at (816) 842-3600. Both may be contacted at NAIC, 2301 McGee Street, Suite 800, Kansas City, Missouri, 64108-2662.

Insurers are to follow the practices, procedures, and instructions promulgated by the NAIC except as superseded by Michigan laws and rules, orders of the Commissioner and the instructions in this booklet.

### **Annual and Quarterly Financial Statements**

1. Unless otherwise directed, all companies are required to file electronic (diskette or internet) annual and quarterly statements with the NAIC. Detailed information and instructions for filing the 2011 annual and the 2012 quarterly statements are available from the NAIC's web site at [http://www.naic.org/industry\\_financial\\_filing.htm](http://www.naic.org/industry_financial_filing.htm) . Use the following address when submitting annual statements to the NAIC:

ATTN: Data Administrators  
NAIC Database  
2301 McGee Street, Suite 800  
Kansas City, MO 64108-2662

2. The annual statement must be **fully bound**, not stapled, along the left-side margin in the appropriate colored cover. Unbound or stapled statements will be rejected and late filing fines will accumulate until a bound copy is received.
3. All companies are to follow the NAIC instructions for print and statement size requirements for the filing of the 2011 annual statement. Any filing considered unreadable will result in rejection of the material submitted as not constituting an annual statement filing and will subject the filing entity to civil penalties as described in Section 438(5) of the Michigan Insurance Code.
4. Upon request, insurance companies subject to SEC filing requirements and every insurer which is a member of a group that is subject to SEC filing requirements must file its current 10K and 10Q with OFIR within 15 days of the request.

### **Due Dates**

All financial statements, supplemental schedules, exhibits and forms should be filed to allow for receipt of the documents no later than the due date set forth in the accompanying checklist(s). If the due date falls on a weekend or holiday, the next business day will be the due date.

### **Electronic Filing**

Insurers must file electronically with the NAIC. Insurers should **not** file annual and quarterly diskettes with OFIR. Companies are encouraged to file their annual and quarterly statements with the NAIC through the Internet. Internet filing will eliminate the need to file on diskette with the NAIC. In order to file on the Internet you must register with the NAIC. You may register on-line at the NAIC Web site at [www.naic.org](http://www.naic.org) or call the NAIC Financial Data Repository (FDR) Data Administrators at (816) 783-8600 for additional information.

### **Toll Free Telephone Number**

Companies may contact OFIR toll-free at (877) 999-6442. If an insurer has a toll-free telephone number

please provide it on page 1 of the annual and quarterly statements.

### **Lloyd's of London**

Lloyd's of London is recognized as a trustee reinsurer in Michigan for reinsurance agreements having an inception date on or after August 1, 1995. For reinsurance business under agreements with an inception date on or before July 31, 1995, Lloyds of London is considered unauthorized. All insurers are to follow the NAIC Annual Statement Instructions regarding the reporting for Lloyd's of London when preparing the annual statement.

### **Unauthorized Reinsurance Balances**

Reinsurance balances reported for each unauthorized reinsurer as reported on Schedule S, may be reduced to the extent that each balance is secured pursuant to Sections 1103 and 1105 of the Michigan Insurance Code (i.e., LOC's, funds held or trustee assets). Ceded balances payable and miscellaneous balances are **not** proper offsets.

### **Change of Control**

Section 405 of the Michigan Insurance Code (MCL 500.405) automatically revokes the certificate of authority of an authorized foreign insurer 90 days after a change of control of the insurer unless the insurer requalifies for its certificate of authority. All insurers that undergo a change of control are required to file a Request for Determination of Exemption from Requalification under Section 405(1) (Form FIS 0144) which is available on the OFIR website. Additional information regarding requalifications is available by contacting OFIR.

### **Credit Life and Accident and Health Reserves**

Reserves for credit life insurance and credit accident and health insurance shall be adequate to discharge all liabilities, but shall not be less than the following minimum standards as required in accordance with Administrative Rule 550.209 (3) and (4):

1. For policies and certificates issued on or after January 1, 1987, the minimum reserve basis for credit life insurance is determined in accordance with the 1980 Commissioner's extended term table with interest at 5.50 percent. For policies and certificates issued prior to January 1, 1987, the minimum reserve basis are those previously in use.
2. The minimum reserve basis for active lives on credit accident and health insurance is the amount of the premium refund available to the insured.

### **Audited Financial Statement**

The independent audit required by Chapter 10 of the Michigan Insurance Code shall be conducted in accordance with Generally Accepted Auditing Standards (GAAS) and must be a general use report as discussed in the Statement of Position 95-5. No limited use reports will be accepted by OFIR. The audited financial statements shall be on a Statutory Accounting Principles (SAP) basis except where the Commissioner specifies a different basis for a specific company.

### **Health Statement Test**

For the 2011 Annual Statement, insurers are required to complete the General Interrogatory related to the Health Statement Test. The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Passing the Health Statement Test may require a reporting entity to complete the Health Statement beginning with the first quarter's statement for the second year following the reporting year in which the reporting entity passes the Health Statement Test, unless the domestic regulator requires the reporting entity to complete an annual statement and risk based capital report that differs from the annual statement instructions. **For life, accident and health companies that pass the Health Statement Test, OFIR is requiring those companies to file the Health Statement (orange blank) beginning with the first quarter 2011. All other reporting requirements and forms remain unchanged. All former blue blank filers still follow these Forms & Instructions.**

## **ACCREDITED REINSURERS**

In order for OFIR to monitor continued compliance with accredited reinsurer requirements, such accredited reinsurers shall file annual statements, quarterly statements, and audited financial statements in accordance with the filing instructions for foreign insurers. Such filings are due in accordance with the due dates set forth in the accompanying checklist(s).

## **UNITED STATES BRANCHES OF NON-U.S. INSURERS USING MICHIGAN AS A PORT OF ENTRY**

### **(Trusteed Deposits)**

Please review Section 411(4) and 431(c) of the Michigan Insurance Code regarding trusteed deposits. The Trusteed Surplus Statement (TSS) must be completed by each United States Branch of a non-U.S. insurer licensed to do any insurance business in this state. In addition to the TSS, and pursuant to Section 411(4) and the NAIC Annual Statement Instructions, the U.S. Branch must submit the following information:

1. A certified listing of deposits held must be furnished by each trustee directly to OFIR. This listing should clearly identify the location of each asset and a complete and accurate description of each asset. It is the U.S. Branch's responsibility to ensure that each trustee properly submits this listing.
2. A detailed listing prepared by the manager of the U.S. Branch of all trusteed deposits held by each trustee, which clearly identifies the location of each asset, a complete and accurate description of each asset and the information required to be provided in Columns 1 through 5 of Schedules B, C and D of the TSS. This listing should reconcile to the assets reported on the U.S. Branch's annual and quarterly statements. If not, the U.S. Branch must provide a reconciliation.
3. A detailed reconciliation of the listing prepared by the company (as described in 2. above) and the listing prepared by the trustees (as described in 1. above).

This information along with the TSS must be submitted with the annual statement on March 1, 2012 and again on May 15, August 15 and November 15 for the first, second and third quarters, respectively.

### **(Closed Block Participating Policies)**

Certain U.S. Branches of Non-U.S. Insurers went through a process of demutualization, which resulted in a closed block for participating policies. OFIR requires the filing of certain additional documentation related to this closed block of business. The additional filing is due no later than June 30<sup>th</sup> of each year. The additional documentation required consists of: 1) A reserve adequacy report prepared by the appointed actuary, as prepared for both Canada and the U.S.; 2) An unaudited balance sheet, income statement, and cash flow statement produced on an NAIC basis (NAIC blank format); 3) Unaudited notes to the financial statement as applicable to the Closed Block; 4) A statement from an executive officer affirming that the June supplement was prepared with due care and is consistent with the audited financial reports prepared for the entire company and consistent with the operating rules of the Closed Block.

**THE OFFICE OF FINANCIAL AND INSURANCE REGULATION STRIVES TO MAKE THIS DOCUMENT ACCURATE AND UNDERSTANDABLE. PLEASE LET US KNOW OF ANY ERRORS OR SUGGESTIONS FOR IMPROVEMENT.**

## GENERAL INSTRUCTIONS

### For Companies to Use Checklist

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are encouraged to file with the NAIC via the Internet. Companies are not required to file hard copy filings with the NAIC.**

#### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) (Required Filings)

Name of item or form to be filed.

**PLEASE NOTE:** The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which printed detail is exempted per the *Annual Statement Instructions*.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules, and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly .PDF Filing*** is the .pdf file for the quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The 1999 *Annual Statement Instructions* were modified to waive paper filings of certain NAIC supplements (those supplements previously included in the Electronic Filing Pilot Project) and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists have been modified to reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally on its web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

	<b>Notes and Instructions</b>	<b>(A-K apply to all filings)</b>
A	Required Filings Contact Person:	Unless otherwise directed, all communications and inquiries regarding annual statements, quarterly statements, and Michigan supplemental forms should be directed to OFIR – Supervisory Affairs and Insurance Monitoring Division– Mischelle Pettit at (517) 241-4490 or email at <a href="mailto:pettitm@michigan.gov">pettitm@michigan.gov</a> .
B	Mailing Address:	<b>Note: In meeting statutory filing requirements for individual state forms, please make note of the address on each individual form where the insurer must send the form. Some forms MUST be sent to other statutory entities. Misdirected forms could result in fines.</b>  <b>Foreign Insurers:</b> <b>Use the following addresses for filing Forms FIS 0318, 0322. Direct the form to the appropriate division as noted on the form.</b>  <b>Regular Mail:</b> Michigan Department of Licensing and Regulatory Affairs Office of Financial and Insurance Regulation P.O. Box 30220 Lansing, Michigan 48909-7720  <b>Express Mail (UPS, Federal Express, etc.):</b> Michigan Department of Licensing and Regulatory Affairs Office of Financial and Insurance Regulation Ottawa Building – 3 <sup>rd</sup> Floor 611 West Ottawa Street Lansing, Michigan 48933

		<p><b>NOTE: Foreign insurers are not filing any documents with the financial area of OFIR. All financial statement filings are electronic with the NAIC.</b></p> <p><b>Domestic Insurers:</b> <b>Use the following addresses for hard copy filings.</b></p> <p><b>Regular Mail:</b> Michigan Department of Licensing and Regulatory Affairs Office of Financial and Insurance Regulation <b>Attention: Supervisory Affairs and Insurance Monitoring Division</b> P.O. Box 30220 Lansing, Michigan 48909-7720</p> <p><b>Express Mail (UPS, Federal Express, etc.):</b> Michigan Department of Licensing and Regulatory Affairs Office of Financial and Insurance Regulation <b>Attention: Supervisory Affairs and Insurance Monitoring Division</b> Ottawa Building – 3<sup>rd</sup> Floor 611 West Ottawa Street Lansing, Michigan 48933</p>
C	Mailing Address for Filing Fees:	<p><b>Filing fees are billed under a separate invoice.</b></p> <p>Invoice payments are sent to: Office of Financial and Insurance Regulation P.O. Box 30165 Lansing, Michigan 48909-7724</p>
D	Mailing Address for Premium Taxes:	<p><b>Note:</b> Please refer to the Michigan Department of Treasury web site at <a href="http://www.michigan.gov/treasury">www.michigan.gov/treasury</a> for information on the Michigan Business Tax (MBT) and where to send payments. The Corporate Income Tax (CIT) will replace the MBT effective January 1, 2012.</p> <p><b>DO NOT SEND MICHIGAN BUSINESS TAX RETURNS TO OFIR</b></p>
E	Delivery Instructions:	All filings must be <u>physically received</u> at one of the addresses in Note B no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Failure to file in accordance with the instructions contained herein and by the indicated due date will immediately subject the company to a monetary penalty of at least \$1,000 (maximum of \$5,000) <u>and</u> \$50 per day for each day the filing remains incomplete, pursuant to section 438(5) of the Michigan Insurance Code.
G	Original Signatures:	The annual and quarterly statements of <u>Michigan domestic insurers</u> <b>must</b> contain original signatures.
H	Signatures / Notarization / Certification:	The annual and quarterly statements of Michigan domestic insurers must contain signatures of at least three responsible officers such as the CEO, CFO, president, secretary or treasurer (unless otherwise directed by the Commissioner) and be properly notarized. If those parties are not available to sign the statement, contact OFIR at least ten (10) business days prior to the statement due date to ascertain whether other

		arrangements are necessary.										
I	Amended Filings:	Amended items must be filed within <u>10 days</u> of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same requirements must be followed for any amendment.  <b>In accordance with NAIC Annual Statement Instructions, if a filing is amended, the amended electronic version must also be filed with the NAIC.</b>										
J	Exceptions from Normal Filings:	Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such exemption or extension from Michigan. Domestic companies should apply at least 30 days prior to the due date.										
K	Bar Codes:	Forms as identified in the NAIC Annual Statement Filing Instructions are <b>required</b> to have a bar code affixed in the upper right hand corner of the form. Bar code standards can be found in the NAIC instructions.  Bar codes for Michigan filings should be generated according to NAIC instructions. The codes are:  <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Form</u></th> <th style="text-align: right;"><u>Document Identifier</u></th> </tr> </thead> <tbody> <tr> <td>Qualifying Assets Under Section 901(1).....</td> <td style="text-align: right;">002</td> </tr> <tr> <td>Complaint and Grievance Summary</td> <td></td> </tr> <tr> <td>    For Health Carriers (FIS 0318).....</td> <td style="text-align: right;">318</td> </tr> <tr> <td>Michigan Health Insurance Enrollment,     Premiums and Losses (FIS 0322).....</td> <td style="text-align: right;">322</td> </tr> </tbody> </table> <p><b>FILINGS MAY BE REJECTED DUE TO BAR CODE ERRORS. PLEASE VERIFY FOR ACCURACY.</b></p>	<u>Form</u>	<u>Document Identifier</u>	Qualifying Assets Under Section 901(1).....	002	Complaint and Grievance Summary		For Health Carriers (FIS 0318).....	318	Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322).....	322
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Qualifying Assets Under Section 901(1).....	002											
Complaint and Grievance Summary												
For Health Carriers (FIS 0318).....	318											
Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322).....	322											
L	Signed Jurat	This state waives foreign insurers from filing printed annual and quarterly statements and supplements. The Signed Jurat is not required to be filed in Michigan by foreign insurers.										
M	NONE Filings:	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.										
N	Filings Discontinued since Last Year:	None.										
O	Audited Financial Statements:	The independent audit required by Chapter 10 of the Michigan Insurance Code shall be conducted in accordance with Generally Accepted Auditing Standards (GAAS). The audited financial statements shall be on a Statutory Accounting Principles (SAP) basis except where the Commissioner specifies, in the reasonable exercise of his discretion, a different basis for a specific company.  U.S. Branches of Canadian or British insurers using Michigan as a port of entry must file a copy of the independent public accountants' report that is filed with their domiciliary supervision authority and a copy of any notification of adverse financial condition report if required by domiciliary supervision authority.  Note that OFIR has received some independent audit opinion letters that contain restricted use language. OFIR will not accept independent audit reports containing opinion letters with restricted use language. Audit reports containing such language will be rejected as not constituting an acceptable filing and will subject the filing entity to civil penalties as described in Section 438(5) of the Michigan Insurance Code.  The audited financial statements of domestic insurers and U.S.										

		<p>Branches of Canadian or British insurers using Michigan as a port of entry must include a copy of the independent public accountant's qualifications letter to the insurer stating the independent public accountant's understanding that the Commissioner will be relying on the audited statements. The accountant's qualifications letter is required under Section 500.1019 of the Michigan Insurance Code (the Code). OFIR has noted that certain filings of the accountant's qualifications letter contain language inconsistent with Section 1021(2) of the Code. Section 1021(2) requires that the independent public accountant's audit work papers be retained for a period of not less than five years after the period reported on. Certain qualification letters contain language that work papers will be retained until OFIR has filed a Report of Examination, but no longer than seven years. This statement does not meet the requirements of Section 1021(2), as it is conceivable that work papers could be destroyed prior to the five year minimum retention period. Companies should make their independent public accountant aware that audited financial statements will not be accepted with language inconsistent with Section 1021(2) of the Code.</p> <p><b>Independent CPA</b> – Companies shall follow the provisions of Section 500.1009 of the Michigan Insurance Code regarding the appointment or change in independent CPA. In conjunction with the appointment or change in independent CPA, companies shall file the letter of awareness as required in Section 500.1009(2).</p> <p>Foreign insurers are not required to file copies of the above letters unless requested. If a foreign insurer does not file the letters when requested, the filing (audited financial statement) will be rejected and the insurer will be subject to the penalties for failure to file and/or making an incomplete filing.</p> <p>An insurer may make written application to the Commissioner for approval to file a consolidated or combined independent audit in lieu of separate audited financial statements. Section 1011 of the Michigan Insurance Code and the NAIC Annual Statement Instructions describe the conditions under which an insurer may request approval to file audited consolidated or combined financial statements.</p>
P	Notification of Adverse Financial Condition:	See Michigan Insurance Law 500.1015.
Q	Report on Unremediated Material Weaknesses in Internal Controls:	See Michigan Insurance Law 500.1017.
R	Request for Exemption:	See Michigan Insurance Law 500.1023.
S	Holding Company Registration:	<p><b>INSURANCE HOLDING COMPANY ACT FORMS AND INSTRUCTIONS CAN BE FOUND ON THE OFIR WEB SITE AT <a href="http://www.michigan.gov/ofir">www.michigan.gov/ofir</a></b></p> <p>All domestic insurers who are a member of a holding company system and all other insurers subject to registration under Michigan's Holding Company Act must file holding company registration statements, including exhibits, by May 1, 2012. Only a few foreign insurers are subject to registration under Michigan's Holding Company Act. Unless OFIR has notified a foreign insurer that it must file a Form B in Michigan, no filing is required.</p>

		<p>For insurers subject to registration under Section 1324:</p> <ul style="list-style-type: none"> <li>a) Annual Form B and C registration statements must be filed by May 1.</li> <li>b) The Form B and C statements are to be in accordance with Michigan's Holding Company Act, rules, bulletins and orders. The biographical information included in the Form B should include the home address for each director and executive officer.</li> <li>c) If there has been no change from the previous year, the statement must be restated rather than indicating "no change."</li> <li>d) Audited financial statements of the registrant's ultimate controlling business entity (e.g., a corporation, trust, or partnership) must be included in the filing. If audited statements are not available by May 1, the rest of the Form B must be filed by May 1, and the statements filed by June 1.</li> <li>e) If a person or persons ultimately controlling the insurer is an individual or group of individuals that do not meet the exemption criteria of Section 1325(3), that person must file, under oath (on the format provided in the Commissioner's Order #94-293M of September 12, 1994) information disclosing the financial position of that individual or group of individuals.</li> <li>f) The ultimate controlling person, whether an individual or corporation, should include in the Form B, financial statements that contain the financial results of each intermediary company that may have affiliated transactions with the insurer. The financial statements can be in the form of consolidated financial statements for the holding company that provides a schedule that provides the financial condition of each company or individual. Financial statements for each company can be filed with the Form B.</li> <li>g) If an individual is the ultimate controlling person of an insurer, the Form B holding company registration statement is to be signed and certified by that individual.</li> <li>h) The Michigan holding company act provides for substantial penalties for late or incomplete filings (see Section 1371). Late or incomplete submissions are also subject to penalties under Section 438(5).</li> <li>i) If during the year there are any material changes to information filed in the annual registration statement, an amendment is due no later than 15 days after the end of the month in which the change occurred.</li> </ul>
T	<p>Michigan Section 901, Qualifying Assets Forms – <b>Domestic Insurers Only</b> (FIS 0063, 0079, 0081):</p>	<p>Instructions to these forms are located just before the forms in the appendix. A listing of 'Companies for which Reinsurance Credits are Allowed in Michigan' (see Appendix IV) follows the instructions in Appendix I. Read Section 1105 of the Michigan Insurance Code and use the list of 'Companies for which Reinsurance Credits are Allowed in Michigan' when completing reinsurance schedules for annual statements and for qualifying assets forms.</p>

		<p><b>NOTE: A company that has a certificate of authority may still not be recognized as an authorized reinsurer in Michigan. Also, a company may be an authorized reinsurer, but not have a Michigan certificate of authority. This listing is only relevant for completing the above schedules and forms.</b></p>
U	Fraternal Quarterly Filings:	Not required for insurers with Michigan direct premium less than \$100,000 in 2011.
V	Officer and Director Biographical Information	In addition to the Section 250 letter of notification, <u>all domestic insurers</u> must file officer and director biographical information for all new officers and directors reported on the jurat page. The biographical information should include the home address for each director and executive officer. The form for reporting officer and director information can be found on the NAIC's web site at <a href="http://www.naic.org/industry_ucaa.htm">http://www.naic.org/industry_ucaa.htm</a> . The biographical affidavit filed with OFIR must be the original signed form, not a copy. <b>Additionally, OFIR now requires that all new officers and directors of domestic insurers submit fingerprints.</b>

**LIFE, ACCIDENT AND HEALTH INSURERS**

**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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½"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 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 ½"x14")	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 Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	A-K, M
	12	Actuarial Certifications 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	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	24	Health Care Exhibit (Part 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	26	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	A-K, M
	27	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	EO	xxx	4/1	NAIC	A-K, M
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	EO	xxx	4/1	NAIC	A-K, M
	30	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	32	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K
	33	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	36	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
	37	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
	38	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
	39	Reasonableness & Consistency of Assumptions Cert. required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	40	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A-K
	41	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	A-K
	42	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	A-K
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	44	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	xxx	EO	xxx	3/1	Company	A-K, M
	45	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1 & 2	xxx	EO	xxx	3/1	Company	A-K, M
	46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	47	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	A-K, M

	48	Trusteed Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	49	Workers' Compensation Carve Out Supplement	1	EO	xxx	3/1	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	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
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	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
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	xxx	0	0	3/1	State	A-K
	102	Certificate of Deposit	xxx	0	0	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	A-K
	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	EO	3/1	Company	A-K
	109	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	1	0	xxx	5/1	Company	A-K, S
	110	Qualifying Assets under Section 901(1) of the Michigan Insurance Code	1	0	xxx	3/1	State – FIS 0081	A-K, T
	111	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
	112	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
	113	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
	114	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.**

**UNITED STATES BRANCH OF NON-US INSURERS**

Using 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 2012**

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			State	NAIC	State			
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	1	Annual Statement (8 1/2"x14")	1	EO	N/A	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E27) @	1	EO	N/A	3/1	NAIC	A-K, M
	1.2	Annual Statement of Total Business (OSFI)	1	EO	N/A	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	N/A	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	EO	N/A	3/1	NAIC	A-K, M
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	1	EO	N/A	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
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	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	Credit Insurance Experience Exhibit	1	EO	N/A	4/1	NAIC	A-K, M
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	24	Health Care Exhibit (Part 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A-K, M
	26	Interest Sensitive Life Insurance Products Report	xxx	EO	N/A	4/1	NAIC	A-K, M
	27	Investment Risk Interrogatories	1	EO	N/A	4/1	NAIC	A-K, M
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	EO	N/A	4/1	NAIC	A-K, M
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	EO	N/A	4/1	NAIC	A-K, M
	30	Long Term Care Experience Reporting Forms	xxx	EO	N/A	4/1	NAIC	A-K, M
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	32	Management Discussion & Analysis	1	EO	N/A	4/1	Company	A-K
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	34	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	35	Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	36	Reasonableness & Consistency of Assumptions Cert. required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	37	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
	38	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
	39	Reasonableness & Consistency of Assumptions Cert. Required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	40	Risk-Based Capital Report	1	EO	N/A	3/1	NAIC	A-K
	41	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	A-K
	42	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	A-K
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	44	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	xxx	EO	N/A	3/1	Company	A-K, M
	45	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1 & 2	xxx	EO	N/A	3/1	Company	A-K, M
	46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	47	Supplemental Schedule O	1	EO	N/A	3/1	NAIC	A-K, M
	48	Trusteed Surplus Statement	1	EO	N/A	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	49	Workers' Compensation Carve Out Supplement	1	EO	N/A	3/1	NAIC	A-K, M

III. ELECTRONIC FILING REQUIREMENTS							
50	Annual Statement Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
51	March .PDF Filing	xxx	1	N/A	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	N/A	3/1	NAIC	A-K, M
55	Separate Accounts .PDF Filing	xxx	1	N/A	3/1	NAIC	A-K, M
56	Supplemental Electronic Filing	xxx	1	N/A	4/1	NAIC	A-K, M
57	Supplemental .PDF Filing	xxx	1	N/A	4/1	NAIC	A-K, M
58	Quarterly Electronic Filing	xxx	1	N/A	5/15, 8/15, 11/15	NAIC	A-K, M
59	Quarterly .PDF Filing	xxx	1	N/A	5/15, 8/15, 11/15	NAIC	A-K, M
60	June .PDF Filing	xxx	1	N/A	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 (OSFI 54)	1	EO	N/A	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	N/A	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	N/A	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 from Port of Entry State	xxx	xxx	N/A	3/1	State	A-K
102	Certificate of Deposit from Port of Entry State	xxx	xxx	N/A	3/1	State	A-K
103	Certificate of Valuation	xxx	xxx	N/A	7/1	State	A-K
104	Filings Checklist (with Column 1 completed)	xxx	0	N/A		State	A-K
105	Premium tax		xxx	N/A	SEE NOTE	State	D
106	State Filing Fees		xxx	N/A	SEE NOTE	State	C
107	Signed Jurat	N/A	N/A	N/A	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	NA	N/A	3/1	Company	A-K
109	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	1	N/A	N/A	5/1	Company	A-K, S
110	Certification directly from Trustee of Deposits Held pursuant to Section 411(4) of the Michigan Insurance Code	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	A-K
111	Company's detailed listing of trustee assets and related reconciliation	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	A-K
112	Valuation of Section 411 Trusteed Assets under Section 901 of the Michigan Insurance Code	1	N/A	N/A	3/1	State – FIS 0063	A-K, T
113	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Regulation)	1	N/A	N/A	4/15	State- FIS 0318	A-K
114	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Regulation)	1	N/A	N/A	4/1	State- FIS 0322	A-K
115	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	N/A	N/A	3/15	Company	A-K
116	Officer and Director Biographical Information	1	N/A	N/A	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.

## 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			
		<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 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
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	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
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>							
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
<b>V. STATE REQUIRED FILINGS</b>							
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.**

**UNITED STATES BRANCH OF NON-US 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 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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	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
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	N/A	N/A	xxx	3/1	Company	A-K, M
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	N/A	N/A	xxx	3/1	Company	A-K, M
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	N/A	N/A	xxx	3/1	Company	A-K, M
	14	Actuarial Certification regarding use 2001 Preferred Class Table	N/A	N/A	xxx	3/1	Company	A-K, M
	15	Actuarial Opinion	N/A	N/A	xxx	3/1	Company	A-K, M
	16	Actuarial Opinion on X-Factors	N/A	N/A	xxx	3/1	Company	A-K, M
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	N/A	N/A	xxx	3/1	Company	A-K, M
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	N/A	N/A	xxx	3/1	Company	A-K, M
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	N/A	N/A	xxx	3/1	Company	A-K, M
	20	Analysis of Annuity Operations by Lines of Business	N/A	N/A	xxx	4/1	NAIC	A-K, M
	21	Analysis of Increase in Annuity Reserves During Year	N/A	N/A	xxx	4/1	NAIC	A-K, M
	22	Credit Insurance Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	N/A	N/A	xxx	3/1	Company	A-K, M
	24	Health Care Exhibit (Part 1, 2 and 3) Supplement	N/A	N/A	xxx	4/1	NAIC	A-K, M
	25	Health Care Exhibit's Allocation Report Supplement	N/A	N/A	xxx	4/1	NAIC	A-K, M
	26	Interest Sensitive Life Insurance Products Report	N/A	N/A	xxx	4/1	NAIC	A-K, M
	27	Investment Risk Interrogatories	N/A	N/A	xxx	4/1	NAIC	A-K, M
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	N/A	N/A	xxx	4/1	NAIC	A-K, M
	30	Long Term Care Experience Reporting Forms	N/A	N/A	xxx	4/1	NAIC	A-K, M
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	N/A	N/A	xxx	3/1	Company	A-K, M
	32	Management Discussion & Analysis	N/A	N/A	xxx	4/1	Company	A-K
	33	Medicare Supplement Insurance Experience Exhibit	N/A	N/A	xxx	3/1	NAIC	A-K, M
	34	Medicare Part D Coverage Supplement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	37	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	38	Reasonableness & Consistency of Assumptions Cert. required by Actuarial Guideline XXXVI (Updated Average Market Value)	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	39	Reasonableness & Consistency of Assumptions Cert. required by Actuarial Guideline XXXVI(Updated Market Value)	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	40	Risk-Based Capital Report	N/A	N/A	N/A	3/1	NAIC	A-K
	41	RBC Certification required under C-3 Phase I	N/A	N/A	N/A	3/1	Company	A-K
	42	RBC Certification required under C-3 Phase II	N/A	N/A	N/A	3/1	Company	A-K
	43	Schedule SIS	N/A	N/A	N/A	3/1	NAIC	A-K, M
	44	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	N/A	N/A	xxx	3/1	Company	A-K, M
	45	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1 & 2	xxx	N/A	xxx	3/1	Company	A-K, M
	46	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	A-K, M

	47	Supplemental Schedule O	N/A	N/A	xxx	3/1	NAIC	A-K, M
	48	Trusteed Surplus Statement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	49	Workers' Compensation Carve Out Supplement	N/A	N/A	xxx	3/1	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	50	Annual Statement Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	51	March .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	52	Separate Accounts Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	53	Separate Accounts .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	54	Supplemental Electronic Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	55	Supplemental .PDF Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	56	Quarterly Electronic Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	57	Quarterly .PDF Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	58	June .PDF Filing	N/A	N/A	xxx	6/1	NAIC	A-K, M
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	N/A	N/A	N/A	6/1	Company	A-K, O
	72	Audited Financial Reports	N/A	N/A	xxx	6/1	Company	A-K, O
	73	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A-K
	74	Communication of Internal Control Related Matters Noted in Audit	N/A	N/A	1	8/1	Company	A-K, Q
	75	Independent CPA (change)	N/A	N/A	N/A	6/1	Company	A-K, O
	76	Management' s Report of Internal Control Over Financial Reporting	N/A	N/A	N/A	8/1	Company	A-K
	77	Notification of Adverse Financial Condition	N/A	N/A	1	SEE NOTE	Company	A-K, P
	78	Request for Exemption to File	N/A	N/A	N/A	SEE NOTE	Company	A-K, R
	79	Relief from the five-year rotation requirement for lead audit partner	N/A	N/A	N/A	3/1	Company	A-K
	80	Relief from the one-year cooling off period for independent CPA	N/A	N/A	N/A	3/1	Company	A-K
	81	Relief from the Requirements for Audit Committees	N/A	N/A	N/A	3/1	Company	A-K
		<b>V. STATE REQUIRED FILINGS</b>						
	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. Advertisement of Life Insurance and Annuities Certificate of Compliance per Admin Rule 500.1385. Submit via SERFF.	N/A	N/A	EO	3/1	Company	A-K
	109	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	N/A	N/A	xxx	5/1	Company	A-K, S
	110	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
	111	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
	112	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	4/1	State-FIS 0322	A-K
	113	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)	N/A	N/A	xxx	3/15	Company	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.**

## QUALIFYING ASSET INSTRUCTIONS AND FORMS

Qualifying Assets Form Instructions..... 25 - 29

Qualifying Asset Forms:

Valuation of Section 411 Trusteed Assets under Section 901 - Life and A&H ..... (FIS 0063)  
Fraternal Benefit Society Qualifying Assets under 901 ..... (FIS 0079)  
Life, Accident and Health Insurers Qualifying Assets under 901 ..... (FIS 0081)  
Non-Insurance Entity Qualifying Assets under 901(1)..... (FIS 0082)

Listing of Companies for Which Reinsurance Credits are Allowed (See Appendix IV)

## QUALIFYING ASSETS FORM INSTRUCTIONS

**FIS 0063** Valuation of Section 411 Trusteed Assets under Section 901 (Branch Operations of All Non-U.S. Life, Accident and Health Insurers Using Michigan as Port of Entry)

**FIS 0079** Fraternal Benefit Society Qualifying Assets under Section 901

**FIS 0081** Life, Accident and Health Insurers Qualifying Assets under Section 901

**FIS 0082** Non-Insurance Entity Qualifying Assets under Section 901(1)

**Note:** These qualifying asset forms immediately follow these instructions.

Enactment of Public Act No. 462 effective June 21, 2002, resulted in changes to Section 901 of the Michigan Insurance Code. Only domestic insurers are now subject to the provisions of Section 901, and must complete the "Qualifying Assets Under Section 901" forms. Please review Section 901 when completing the qualifying assets form to fully understand the provisions of this section. Section 901 can be viewed by clicking on this web site link: <http://www.michiganlegislature.org/Section-500.901>.

Compliance with Section 901(1) of the Michigan Insurance Code is the obligation of each domestic insurer. All domestic insurers must complete a qualifying assets form to determine compliance with Section 901(1). Review the qualifying asset forms listed above to determine which form is appropriate for the type of insurer.

U.S. Branches of Non-U.S. Insurers using Michigan as a port of entry must maintain assets in accordance with Section 431c of the Michigan Insurance Code. The trusteed assets shall be valued and limited in accordance with Section 901 of the Code. The branch must complete a qualifying assets form to determine compliance with Section 431c. Review the qualifying asset forms listed above to determine which form is appropriate for the type of insurer.

These instructions provide general guidance. Insurers must complete the appropriate form in compliance with the requirements of Chapter 9 of the Michigan Insurance Code. Return completed forms with required attachments to OFIR on or before the due date of March 1, 2012.

Companies must staple all pages and qualifying asset forms prepared for subsidiaries where value is reported on Lines 22 and 23 of the reporting entities' qualifying assets form. If a subsidiary is also a licensed insurer in Michigan, that insurer should staple its qualifying assets form separately and paper clip the form to the parent's form.

**DO NOT USE LAST YEAR'S FORMS.** Blank forms follow these instructions. Blank forms may be photocopied as needed and are available on the OFIR website.

If you have questions about completion of qualifying asset forms, contact the Supervisory Affairs and Insurance Monitoring Division at (517) 241-4490.

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### LINE 2 - MINIMUM CAPITAL AND SURPLUS (901)(1)

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The lesser of:

1. Minimum capital and surplus required by Sections 408 and 410.
2. \$1,000,000 for fraternal benefit society or \$7,000,000 for other insurers.

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### LINE 8 - AGENTS' BALANCES OR UNCOLLECTED PREMIUMS (901)(3)(d) and (e)

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This line is designed to report agents' balances and uncollected premiums as permitted in Sections 901(3)(d) and (e). Agents' balances and uncollected premiums included on annual statement page 2 may be reported on this line if they meet the following criteria:

1. Deferred premium receivable excluding credit life and credit accident and health premiums pursuant to

Section 901(3)(d).

2. All other agents' balances or uncollected premiums (including deferred credit life and credit accident and health) pursuant to Section 901(3)(e) that are all of the following:
  - a. Receivable from an agent, agency, policyholder, or other person that does not have control of more than 10% of all the insurer's agents' balances or uncollected premiums;
  - b. Receivable from entities not affiliated with the insurer; and;
  - c. Receivable on policies with a December 2011 effective date to the extent offset by unearned premiums.

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**LINE 9 - REINSURANCE RECOVERABLE (901)(3)(a) or (f)**

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Include Reinsurance Recoverable reported on page 2 of the annual statement reduced by amounts due from authorized reinsurers that are more than 90 days overdue.

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**LINE 13a - 5% LIMITATION (901)(6)**

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Section 901(6) limits the value of an asset to 5% of the assets required by Section 901(1) (i.e., the sum of net liabilities and minimum capital and surplus). The 5% limitation applies to assets invested in, loaned to or receivable from one person or one group of affiliated persons except for affiliated companies complying with Section 901(1), mortgage-related securities issued by the Federal Home Loan Mortgage Corporation or the Federal National Mortgage Association, and obligations of the United States or any state if the principal and interest are fully guaranteed by the United States or any state.

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**LINE 13b - 2% LIMITATION (901)(2)(a)**

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Section 901(2)(a) limits the value of computers to 2% of the assets required by Section 901(1) (i.e., the sum of net liabilities and minimum capital and surplus).

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**LINE 13c - 20% LIMITATION (901)(2)(c), (901)(2)(f)**

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Section 901(2)(c) limits the value of real estate to 20% of the assets required by 901(1) (i.e., the sum of net liabilities and minimum capital and surplus). Section 901(2)(f) limits high yield, high risk obligations to 20% of the assets required by 901(1). Section 901(2)(f) defines "high yield, high risk obligations" as those obligations that are not in one of the top two numbered classifications of bonds reported in the insurer's annual financial statement.

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**LINE 14 – BONDS (901)(4), (6) and (7)**

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Bonds are allowable as follows:

1. Bonds of unaffiliated persons or companies are subject to the 5% limitation per investment in one entity except for those bonds specifically exempt from the restriction pursuant to Section 901(6). Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.
2. Bonds of non-insurance affiliates are allowed at market value if rated investment grade and are valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual. Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.
3. Bonds of affiliated insurers are allowed without limitation if the affiliated insurer complies with Section 901(1). An annual statement and a completed qualifying assets form of the unauthorized insurer affiliate must be submitted to receive credit. Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.

4. Mortgage-backed securities backed by pools of residential mortgages are allowed if rated investment grade and valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual subject to the 5% limitation of Section 901(6).

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**LINE 16 - MORTGAGE LOANS (901)(6) AND (7)**

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Mortgage loans on real estate are allowable at book value except:

1. Mortgage loans issued to unaffiliated persons or companies are subject to the 5% limitation per investment in one entity pursuant to Section 901(6).
2. Mortgage loans issued to non-insurance affiliated entities are not allowed.
3. Mortgages loans issued to affiliated insurers are allowed without limitation if the affiliated insurer complies with Section 901(1).
4. Mortgages that are in default (more than 90 days overdue or in the process of foreclosure) may be included at market value per Section 901(4) if a current independent appraisal of the valuation of the mortgage is included.

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**LINE 17 - REAL ESTATE (901)(2)(c), (4) and (6)**

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Exclude any real estate that is encumbered with prior liens that affect the salability of the asset to a material extent per Section 901(2)(c). All real estate is subject to a 5% limitation per investment in one entity pursuant to Section 901(6). The reported value of real estate acquired by foreclosure shall not exceed the actual realizable value as certified within the past twelve months by a qualified appraiser.

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**LINE 18 - UNAFFILIATED LOANS OR RECEIVABLES (901)(6)**

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Amounts loaned to, receivable from or deposited with unaffiliated persons or companies are generally allowed, subject to the 5% limitation per investment in one entity, provided that a detailed breakdown by entity and amount is attached to the Qualifying Assets Form. *FEDERAL INCOME TAX RECOVERABLE IS NOT ALLOWED AS A QUALIFYING ASSET.* The following are allowed:

1. Derivative instruments may also be included on this line as long as they comply with Section 943 and sufficient detail is provided to confirm compliance with Section 943.
2. Receivables due from broker/dealers may be included without limitation provided the amount is collected within 5 business days from the date of disposition.

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**LINE 19 - AFFILIATED LOANS OR RECEIVABLES (901)(6) and (7)**

---

Amounts loaned to, receivable from, or deposited with a person or entity that is, directly or indirectly, owned or controlled by the insurer or that, directly or indirectly, owns, controls, or is affiliated with the insurer are allowable as follows:

1. Amounts receivable from, affiliated insurers that are not more than 90 days past due as long as the insurer complies with Section 901(1). (Submit a listing with a breakdown by company and amount. Include an annual statement and a completed qualifying assets form for each unauthorized affiliate).
2. Amounts invested in an affiliated publicly traded investment company that is registered and regulated under the Investment Company Act of 1940. Equity interests in a publicly traded investment company must be entered on Line 23 - Equity in Wholly Owned Non-Insurance Affiliates.

3. Amounts loaned to non-insurance entities are not allowed.

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**LINE 22 - EQUITY IN AFFILIATED INSURERS (901)(7)(e)**

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The amount reported on this line is determined by completing the appropriate Qualifying Assets Form for each affiliated insurer. Include the Excess Amount of Qualifying Assets over Amount of Net Liabilities (line 27 or 31 of qualifying assets form) for each insurance affiliate to the extent permitted by Section 901(7)(e). To receive credit the company must attach a completed qualifying assets form for each affiliate reported on this line.

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**LINE 23 - EQUITY IN WHOLLY OWNED NON-INSURANCE AFFILIATES (901)(7)(c)**

---

Complete the Non-Insurance Entity Qualifying Assets form (FIS 0082) for each non-insurance affiliate that is owned solely by the insurer. Include the Excess Amount of Qualifying Assets over Amount of Net Liabilities for each non-insurance affiliate to the extent permitted by Section 901(7)(c). To receive credit, the Securities Valuation Office must value the affiliate. The amount reported on this line is the lesser of, the Excess Amount of Qualifying Assets over Amount of Net Liabilities, or the Securities Valuation Office value.

---

**LINE 28 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(2)(e) (ASSETS NOT DEFINED IN CHAPTER 9)**

---

Assets not otherwise defined in Chapter 9 may be included as qualifying assets pursuant to Section 901(2)(e) as long as all of the following are met:

1. The assets are rated investment grade by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual; **AND**,
2. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line complies with item 1.

**NOTE:** Assets that are specifically excluded under Section 901 are defined in Chapter 9 and are therefore not permitted on this line.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

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**LINE 29 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(7)(d) (EQUITY INVESTMENTS IN PARTIALLY OWNED NON-INSURANCE AFFILIATES) AND SECTION 901(7)(e) (SURPLUS NOTES)**

---

Amounts invested (i.e., stock investments) in a non-insurance affiliate that is not owned solely by the insurer may be included pursuant to Section 901(7)(d) only if all of the following are met:

1. The non-insurance affiliate is publicly traded; **AND**,
2. The non-insurance affiliate is valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual; **AND**,
3. An independent audited financial statement for the non-insurance affiliate is submitted with the Qualifying Assets form of the insurer; **AND**,
4. The non-insurance affiliate holds an Excess Amount of Qualifying Assets over Amount of Net Liabilities (determined by completing the Non-insurance Entity Qualifying Assets form - FIS 0082), prorated to reflect the equity interest of the insurer; **AND**,
5. A Non-Insurance Entity Qualifying Assets form (FIS 0082) is submitted with the Qualifying Assets form of the insurer for each entity reported on this line; **AND**,

6. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line comply with the above.

Surplus notes may be included pursuant to Section 901(7)(e), subject to the Commissioner's approval.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

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**LINE 30 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(5) (ASSETS EQUIVALENT TO BUT NOT SPECIFICALLY DESCRIBED IN CHAPTER 9)**

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The Commissioner may permit other assets not specifically described in Section 901 as qualifying assets pursuant to Section 901(5) as long as **all** of the following are met:

1. The assets are financially equivalent to those assets described in Section 901 through Section 947; **AND**,
2. The asset is publicly traded or readily marketable; **AND**,
3. The assets are rated investment grade by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual or the property is not valued at more than the actual realizable value as certified within the past 2 years by a qualified appraiser; **AND**,
4. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line comply with items 1 through 3 above.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

# Valuation of Section 411 Trusteed Assets Under Section 901

*Read instructions before completing form*

Submission Required By:  
BRANCH OPERATIONS OF ALL NON-U.S.  
LIFE, ACCIDENT AND HEALTH INSURERS  
using Michigan as Port of Entry

**2011**  
DUE 3/1/12

Bar Code Required - Place Bar Code Here

Name of Company | NAIC Group no. | NAIC Company code | Name of parent company (if licensed in Michigan)

- 1. **Total Adjusted Liabilities** (from trustee surplus statement: page TSS-3, line 11)..... 1. \_\_\_\_\_
- 2. **Minimum Capital and Surplus** required by Section 901(1)..... 2. \$7,000,000
- 3. Add lines 1 and 2..... 3. \_\_\_\_\_
- 4. (Line 4 intentionally left blank)
- 5. **Aggregate Write-ins** (from trustee surplus statement, page TSS-3, line 9) only include amounts due from reinsurers unauthorized in Michigan that are not properly secured in compliance with Section 1105 and any balances more than 90 days overdue..... 5. \_\_\_\_\_
- 6. Add lines 3 and 5..... 6. \_\_\_\_\_
- 7. (Line 7 intentionally left blank)
- 8. (Line 8 intentionally left blank)
- 9. (Line 9 intentionally left blank)
- 10. **Amounts Receivable** in compliance with Section 901(3)(b) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form..... 10. \_\_\_\_\_
- 11. (Line 11 intentionally left blank)
- 12. **Net Liabilities** (subtract line 10 from line 6)..... 12. \_\_\_\_\_
- 13. a. **5% Limitation** per Section 901(6) (multiply line 12 by 5%)..... 13a \_\_\_\_\_  
(Line 13.b. intentionally left blank)
- c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 12 by 20%)..... 13c \_\_\_\_\_ 13. \_\_\_\_\_
- 14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)..... 14. \_\_\_\_\_
- 15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). EXCLUDE the value of affiliated stocks (**Note:** subject to 5% limit; see line 13a of this form)..... 15. \_\_\_\_\_
- 16. **Mortgage Loans** on Real Estate at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. \_\_\_\_\_
- 17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** may be subject to 5% limit and 20% limit; see lines 13a and 13c of this form)..... 17. \_\_\_\_\_
- 18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (**Note:** subject to 5% limit; see line 13a of this form)..... 18. \_\_\_\_\_
- 19. (Line 19 intentionally left blank)

20. <b>Cash and Bank Deposits</b> (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) .....	20.	_____
21. <b>Short-Term Investments</b> at statement value ( <b>Note:</b> may be subject to 5% limit; see line 13a of this form) .....	21.	_____
22. <b>Equity in Affiliated Insurers:</b> Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). <b>Attach</b> a complete listing showing companies and amount. <b>Attach</b> an audited financial statement and an annual statement for each affiliate not licensed in Michigan .....	22.	_____
23. <b>Equity in Wholly-owned Noninsurance Affiliates:</b> Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly-owned noninsurers in compliance with Section 901(7)(c). <b>Attach</b> a complete listing showing companies and amount. <b>Attach</b> an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) .....	23.	_____
24. (Line 24 intentionally left blank)		
25. <b>Income Due and Accrued</b> (only include income due and accrued on assets reported on line 14 through 24 of this form) .....	25.	_____
26. Total Amount of Section 411 Trusteed Assets Qualifying under Section 901 (add lines 14 through 25) .....	26.	_____
27. Excess Amount of Section 411 Trusteed Assets Qualifying under Section 901 over Amount of Total Adjusted Liabilities (subtract line 12 from line 26) If amount is positive, no further work is necessary. If amount is negative, continue below .....	27.	_____
<b>Other Trusteed Assets not included above; subject to approval by the Commissioner</b>		
28. <b>Assets considered as qualifying under Section 901(2)(e).</b> (Detail required) .....	28.	_____
29. <b>Assets considered as qualifying under Section 901(7)(d) and (e).</b> (Detail required) .....	29.	_____
30. <b>Assets considered as qualifying under Section 901(5).</b> (Detail required).....	30.	_____
31. The sum of lines 27 through 30.....	31.	_____

CERTIFICATION

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.



**Michigan Department of Licensing and Regulatory Affairs**

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**Fraternal Benefit Society**  
**Qualifying Assets Under Section 901**

*Read instructions before completing form.*

Submission Required By:  
 All Domestic Fraternal Benefit  
 Societies/Associations

**2011**

Due 3/1/12

**Bar Code Required – Place Bar Code Here**

Company name	NAIC Co. Code / Group No.	Name of parent company <i>(if licensed in Michigan)</i>
--------------	---------------------------	---

- |  |   |
|--|---|
| 1. <b>Liabilities</b> (from annual statement: page 3, line 23) .....   | 1. _____                                  |
| 2. <b>Minimum Capital and Surplus</b> required by Section 901(1) .....   | 2. <u>          \$1,000,000          </u> |
| 3. Add lines 1 and 2 .....   | 3. _____                                  |
| (Lines 4 through 6 intentionally left blank)   |   |
| 7. <b>Certificate Loans</b> in compliance with Section 901(3)(b) (from annual statement: page 2, line 6) .....   | 7. _____                                  |
| 8. <b>Agents' Balances or Uncollected Premiums</b> (Section 901(3)(d) and (e))   |   |
| 8a. Total premiums (from annual statement: page 2, add lines 15.1, 15.2 and 15.3) .....  | 8a. _____                                 |
| 8b. Amount of insurance premiums included on line 8a that are deferred and not yet due .....   | 8b. _____                                 |
| 8c. Subtract line 8b from line 8a .....  | 8c. _____                                 |
| 8d. Total amount from line 8c receivable from an agent, agency, policyholder or other person that DOES NOT control more than 10% of all the insurer's agents' balances, and is NOT affiliated with the insurer, on policies with December 2011 effective dates to the extent that the amounts are offset by unearned premium reserves on the same policies ..... | 8d. _____                                 |
| TOTAL: Add lines 8b and 8d .....   | 8. _____                                  |
| 9. <b>Reinsurance Recoverable</b> in compliance with Sections 901(3)(a) or (f) (from annual statement: page 2, lines 16.1, 16.3 and as a write-in asset). A listing with breakdown by reinsurer and amount must be attached to this form for line 16.3 and write-in recoverables .....   | 9. _____                                  |
| 10. <b>Amounts Receivable</b> in compliance with Section 901(3)(f) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form .....   | 10. _____                                 |
| 11. Add lines 7 through 10 .....   | 11. _____                                 |
| 12. <b>Net Liabilities</b> (subtract line 11 from line 3) .....  | 12. _____                                 |
| 13 a. <b>5% Limitation</b> per Section 901(6) (multiply line 12 by 5%) .....   | 13a. _____                                |
| b. <b>2% Limitation</b> per Section 901(2)(a) (multiply line 12 by 2%) .....   | 13b. _____                                |
| c. <b>20% Limitation</b> per Section 901(2)(c) and (f) (multiply line 12 by 20%) .....   | 13c. _____                                |
| 14. <b>Bonds</b> in compliance with Section 901(2)(f), 901(4), (6) and (7). ( <b>Note:</b> may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form) .....  | 14. _____                                 |
| 15. <b>Preferred and Common Stocks</b> at market value, in compliance with Section 901(6) and (7). EXCLUDE the value of affiliated stocks ( <b>Note:</b> subject to 5% limit; see line 13a of this form) .....   | 15. _____                                 |
| 16. <b>Mortgage Loans on Real Estate</b> at book value in compliance with Section 901(6) and (7). ( <b>Note:</b> may be subject to 5% limit; see line 13a of this form) .....  | 16. _____                                 |
| 17. <b>Real Estate</b> (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). ( <b>Note:</b> subject to 5% limit, and 20% limit; see lines 13a and 13c of this form) .....   | 17. _____                                 |

- 18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form (**Note:** subject to 5% limit; see line 13a of this form) ..... 18. \_\_\_\_\_
  - 19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form ..... 19. \_\_\_\_\_
  - 20. **Cash and Bank Deposits** (**Note:** subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) ..... 20. \_\_\_\_\_
  - 21. **Short-Term Investments** at statement value. (**Note:** may be subject to 5% limit; see line 13a of this form)..... 21. \_\_\_\_\_
  - 22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount.  
**Attach** an audited financial statement and an annual statement for each affiliate not licensed in Michigan..... 22. \_\_\_\_\_
  - 23. **Equity in Wholly-owned Non-insurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned non-insurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount.  
**Attach** an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) ..... 23. \_\_\_\_\_
  - 24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** Subject to 2% limit; see line 13b of this form)..... 24. \_\_\_\_\_
  - 25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form)..... 25. \_\_\_\_\_
  - 26. Total Amount of Qualifying Assets (add lines 14 through 25) ..... 26. \_\_\_\_\_
  - 27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 12 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below ..... 27. \_\_\_\_\_
- Other assets not included above, subject to approval by the Commissioner:**
- 28. **Assets considered as qualifying under Section 901(2)(e)** (Detail Required) ..... 28. \_\_\_\_\_
  - 29. **Assets considered as qualifying under Section 901(7)(d) and (e)** (Detail Required) ..... 29. \_\_\_\_\_
  - 30. **Assets considered as qualifying under Section 901(5)** (Detail Required)..... 30. \_\_\_\_\_
  - 31. Add lines 27 through 30..... 31. \_\_\_\_\_

Certification: I certify that I am an officer of the society named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company Code
Company Officer's name and title typed or printed	Contact person (regarding this report) and phone number	

P.A. 218 of 1956 as amended requires submission by insurers stated on page 1. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.



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**Life, Accident and Health Insurers**  
**Qualifying Assets Under Section 901**

*Read instructions before completing form.*

Submission Required By:  
 All Domestic Life, Accident and Health  
 Insurers

**2011**

Due 3/1/12

**Bar Code Required – Place Bar Code Here**

Company name	NAIC Co. Code / Group No.	Name of parent company (if licensed in Michigan)
--------------	---------------------------	--

- |  |                       |
|--|-----------------------|
| 1. <b>Liabilities</b> excluding separate accounts (from annual statement: page 3, line 26) .....   | 1. _____              |
| 2. <b>Minimum Capital and Surplus</b> required by Section 901(1) .....   | 2. <u>\$7,000,000</u> |
| 3. Add lines 1 and 2 .....   | 3. _____              |
| (Lines 4 and 5 intentionally left blank)   |                       |
| 6. <b>Policy Loans</b> in compliance with Section 901(3)(b) (from annual statement: page 2, line 6) .....  | 6. _____              |
| 7. <b>Premium Notes</b> to the extent they are secured by a letter of credit, security trust funds or unearned premium reserves per Section (901)(3)(c) (from annual statement: page 2, line 6) .....  | 7. _____              |
| <b>8. Agents' Balances or Uncollected Premiums</b> (Section 901(3)(d) and (e))   |                       |
| 8a. Total premiums (from annual statement: page 2, add lines 15.1, 15.2 and 15.3) .....  | 8a. _____             |
| 8b. Amount of insurance premiums and annuity considerations included on line 8a that are deferred and not yet due....  | 8b. _____             |
| 8c. Total credit Life, A&H premiums included in 8b .....   | 8c. _____             |
| 8d. Subtract line 8c from line 8b .....  | 8d. _____             |
| 8e. Subtract line 8d from line 8a .....  | 8e. _____             |
| 8f. Total amount from line 8e receivable from an agent, agency, policyholder or other person that DOES NOT control more than 10% of all the insurer's agents' balances, and is NOT affiliated with the insurer, on policies with December 2011 effective dates to the extent that the amounts are offset by unearned premium reserves on the same policies ..... | 8f. _____             |
| TOTAL: Add lines 8d and 8f .....   | 8. _____              |
| 9. <b>Reinsurance Recoverable</b> in compliance with Sections 901(3)(a) or (f) (from annual statement: page 2, lines 16.1, 16.3 and as a write-in asset). A listing with a breakdown by reinsurer and amount must be attached to this form for line 16.3 and write-in recoverables .....   | 9. _____              |
| 10. <b>Amounts Receivable</b> in compliance with Section 901(3)(f) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form .....   | 10. _____             |
| 11. Add lines 6 through 10 .....   | 11. _____             |
| 12. <b>Net Liabilities</b> (subtract line 11 from line 3) .....  | 12. _____             |
| 13 a. <b>5% Limitation</b> per Section 901(6) (multiply line 12 by 5%) .....   | 13a. _____            |
| b. <b>2% Limitation</b> per Section 901(2)(a) (multiply line 12 by 2%) .....   | 13b. _____            |
| c. <b>20% Limitation</b> per Section 901(2)(c) and (f) (multiply line 12 by 20%) .....   | 13c. _____            |
| 14. <b>Bonds</b> in compliance with Section 901(2)(f), 901(4), (6) and (7). ( <b>Note:</b> may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form) .....  | 14. _____             |
| 15. <b>Preferred and Common Stocks</b> at market value, in compliance with Section 901(6) and (7). EXCLUDE the value of affiliated stocks ( <b>Note:</b> subject to 5% limit; see line 13a of this form) .....   | 15. _____             |

- 16. **Mortgage Loans on Real Estate** at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. \_\_\_\_\_
- 17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** subject to 5% limit, and 20% limit; see lines 13a and 13c of this form)..... 17. \_\_\_\_\_
- 18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form (**Note:** subject to 5% limit; see line 13a of this form) ..... 18. \_\_\_\_\_
- 19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form ..... 19. \_\_\_\_\_
- 20. **Cash and Bank Deposits** (**Note:** subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) ..... 20. \_\_\_\_\_
- 21. **Short-Term Investments** at statement value. (**Note:** may be subject to 5% limit; see line 13a of this form)..... 21. \_\_\_\_\_
- 22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount.  
**Attach** an audited financial statement and an annual statement for each affiliate not licensed in Michigan..... 22. \_\_\_\_\_
- 23. **Equity in Wholly-owned Non-insurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned non-insurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount.  
**Attach** an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) ..... 23. \_\_\_\_\_
- 24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** Subject to 2% limit; see line 13b of this form)..... 24. \_\_\_\_\_
- 25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form)..... 25. \_\_\_\_\_
- 26. Total Amount of Qualifying Assets (add lines 14 through 25) ..... 26. \_\_\_\_\_
- 27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 12 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below ..... 27. \_\_\_\_\_
- Other assets not included above, subject to approval by the Commissioner:**
- 28. **Assets considered as qualifying under Section 901(2)(e)** (Detail Required) ..... 28. \_\_\_\_\_
- 29. **Assets considered as qualifying under Section 901(7)(d) and (e)** (Detail Required) ..... 29. \_\_\_\_\_
- 30. **Assets considered as qualifying under Section 901(5)** (Detail Required)..... 30. \_\_\_\_\_
- 31. Add lines 27 through 30..... 31. \_\_\_\_\_

Certification: I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company Code
Company Officer's name and title typed or printed	Contact person (regarding this report) and phone number	

P.A. 218 of 1956 as amended requires submission by insurers stated on page 1. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.

COMPLETE FOR EACH  
SOLELY OWNED NON-  
INSURANCE AFFILIATE

2011

DUE 3/1/12

Bar Code Required - Place Bar Code Here

**Non-Insurance Entity  
Qualifying Assets Under Section 901(1)**

*Read instructions before completing form*

**Note: Refer to Instructions for FIS 0076, 0079 or 0081 for specific instructions on each type of asset**

Name of Company \_\_\_\_\_ NAIC Group number \_\_\_\_\_ NAIC Company code \_\_\_\_\_

Name of Parent Company \_\_\_\_\_

1. **Liabilities** ..... 1. \_\_\_\_\_

(Lines 2 through 12 intentionally left blank)

13. a. **5% Limitation** per Section 901(6) (multiply line 1 by 5%)..... 13a. \_\_\_\_\_

b. **2% Limitation** per Section 901(2)(a) (multiply line 1 by 2%)..... 13b. \_\_\_\_\_

c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 1 by 20%)..... 13c. \_\_\_\_\_

14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (Note: may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form) ..... 14. \_\_\_\_\_

15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). (Note: subject to 5% limit; see line 13a of this form). EXCLUDE the value of affiliated stocks ..... 15. \_\_\_\_\_

16. **Mortgage Loans on Real Estate** at book value in compliance with Section 901(6) and (7). (Note: may be subject to 5% limit; see line 13a of this form) ..... 16. \_\_\_\_\_

17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (Note: subject to 5% limit, and 20% limit; see lines 13a and 13c of this form) ..... 17. \_\_\_\_\_

18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (Note: subject to 5% limit; see line 13a of this form) ..... 18. \_\_\_\_\_

19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form ..... 19. \_\_\_\_\_

20. **Cash and Bank Deposits** (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) ..... 20. \_\_\_\_\_

21. **Short-Term Investments** at statement value. (Note: may be subject to 5% limit; see line 13a of this form) ..... 21. \_\_\_\_\_

22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). Attach a complete listing showing companies and amount. Attach an audited financial statement and an annual statement for each affiliate not licensed in Michigan ..... 22. \_\_\_\_\_

23. **Equity in Wholly-owned Noninsurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly-owned noninsurers in compliance with Section 901(7)(c). Attach a complete listing showing companies and amount. Attach an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) ..... 23. \_\_\_\_\_

24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (Note: Subject to 2% limit; see line 13b of this form) ..... 24. \_\_\_\_\_

25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form) ..... 25. \_\_\_\_\_

26.	Total Amount of Qualifying Assets (add lines 14 through 25).....	26. _____
27.	Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 1 from line 26).If amount is positive no further work is necessary. If amount is negative, continue below.....	27. _____
Other assets not included above, subject to approval by the Commissioner:		
28.	Assets considered as qualifying under Section 901(2)(e) (Detail Required) .....	28. _____
29.	Assets considered as qualifying under Section 901(7)(d) and (e) (Detail Required) .....	29. _____
30.	Assets considered as qualifying under Section 901(5) (Detail Required).....	30. _____
31.	The sum of lines 27 through 30 .....	31. _____

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action



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*APPENDIX II:*

## **OTHER FORMS**

Other Forms:

Complaint and Grievance Summary for Health Carriers .....	(FIS 0318)
Michigan Health Insurance Enrollment, Premiums and Losses .....	(FIS 0322)

# Complaint and Grievance Summary for Health Carriers

page 1 of 2

Complete each table in this report based on complaints/grievances that were resolved (closed) in the calendar report year.

Filing is required for:  
All commercial insurers, HMOs,  
AFDS and BCBSM

**2011**

**DUE**  
**April 15, 2012**

Bar Code Required - Place Bar Code Here

Name of Company	NAIC Group number and Company code	<b>Filing company is</b> <input type="checkbox"/> <b>A commercial insurer</b> (select only one): <input type="checkbox"/> <b>An HMO, AFDS or BCBSM</b>
-----------------	------------------------------------	---

**Instructions for Table 1:** Do not report expedited reviews on this table.

Provide the number of Complaints/Grievances by decision for each level. If a health carrier has more than 3 levels of review, group them with level 3. If a health carrier does not have a level of review shown in the table, enter NA (for not applicable). Compile data based on the full calendar year.

For the purpose of this report, use Adverse Determination as defined in Section 550.1903(a) and Grievance as defined in Section 500.2213(5)(b) of the Insurance Code [BCBSM is Rule R550.101(e)].

<b>Table 1</b>	<b>Grievances NOT resulting from adverse determinations or denials</b> <i>Please enter total number held at each level</i>	Level 1	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
		Level 2				
		Level 3				
	<b>Grievances resulting from adverse determinations or denials</b> <i>Please enter total number held at each level</i>	Level 1	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
		Level 2				
		Level 3				

How many grievances took longer than the statutory timeframe as provided in Section 500.2213 [BCBSM is Section 550.1404(2)(a)] of the Insurance Code to make a final written determination?



For each grievance that took more than the statutory timeframe to make a final written determination as provided in Section 500.2213(1)(k), [BCBSM is Section 550.1404(2)(a)], provide the following information: *(prepare a report that provides this data in the order given)*

- 1-1. Grievant's identification number
- 1-2. Date grievance was filed
- 1-3. Date final decision was rendered
- 1-4. Number of calendar days (excluding allowable tolled days) from date filed to render a final decision
- 1-5. Summarize the reason(s) the statutory timeframe was exceeded

**Instructions for Table 2:** Do not report expedited grievances. Do not report external reviews involving Medicaid, Medicare Supplement, or Medicare Advantage coverages. The "Grievance Terminated" column refers to external reviews terminated by the health carrier as a result of reconsideration by the health carrier. Section 550.1923(3) of the Insurance Code, the Patient's Right to Independent Review Act (PRIRA) requires each health carrier to annually report all requests for external review.

<b>Table 2</b>	<b>External Reviews Non-Expedited</b>	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Grievance Terminated	Total Decisions made
	Total for reporting period					

**Instructions for Table 3:** Report only the number of Expedited Internal Reviews. Expedited grievances are defined in Section 550.2213(1)(l) [BCBSM is 550.1404(4)] of the Insurance Code

<b>Table 3</b>	<b>Internal Reviews Expedited</b>	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Grievance Terminated	Total Decisions made
	Total for reporting period					

**Instructions for Table 4:** Do not report expedited grievances reviewed internally. Do not report external reviews involving Medicaid, Medicare Supplement, or Medicare Advantage coverages. Section 550.1923(3) of the Insurance Code, PRIRA requires each health carrier to annually report all requests for external review.

<b>Table 4</b>	<b>External Reviews Expedited</b>	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
	Total for reporting period				

**ATTENTION ALL HEALTH CARRIERS:**



Attach a self-generated report that summarizes and analyzes the categories, types and numbers of complaints and grievances, resulting from adverse and non-adverse determinations and external reviews addressed during the reporting year.

**Certification**

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Officer		Date signed	Person and phone number to contact regarding this report
Signer's name and title typed or printed			
Signer phone number	Signer email address		Contact Person EMail address

PA 218 of 1956, PA 350 of 1983 and PA 251 of 2000, as amended requires submission of this form by all licensed health carriers. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.

**Return completed report to Office of Financial and Insurance Regulation**

- By Mailing to:** OFIR - Consumer Services  
PO Box 30220  
Lansing MI 48909-7720
- By Delivery to:** OFIR - Consumer Services  
611 W Ottawa  
Lansing MI 48933-1020

**For questions about this form, contact one of the following:**

- Commercial Insurers - Consumer Services Division (517) 335-2059
- HMOs and AFDS - Supervisory Affairs & Insurance Monitoring Division (517) 241-2349
- Blue Cross Blue Shield of Michigan - Health Plans Division (517) 241-1559



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# Michigan Health Insurance Enrollment, Premiums & Losses

Submission Required By:  
 ALL Property & Casualty Insurers, Life & Health Insurers, HMOs, HMDI, AFDS and Fraternal Benefit Societies

**2011**

DUE 4/1/12

Bar Code Required - Place Bar Code Here

All companies listed in the "Submission Required By..." box must file this form even if no activity occurred during the year.

Name of Company \_\_\_\_\_ NAIC number \_\_\_\_\_

Complete all columns for each line where business is reported as of December 31 of the reporting year.  
 Enter all monetary amounts in whole dollars. (If no activity, indicate "NONE".)

The Michigan Health Insurance Enrollment, Premiums, and Losses form (FIS 0322) requests carriers provide Michigan data that tracks with the NAIC Accident and Health Policy Experience Exhibit ("AHPE Exhibit"). Except as noted below, please follow the instructions and definitions for the AHPE Exhibit included in the Annual Statement Instructions for completing the FIS 0322. If further explanation of the entered data is needed, please submit the explanation on a separate sheet with the corresponding line number identified.

**Specific Michigan Instructions**

- Section A**  
 Line 1a-1b: Separate experience for plans eligible for Health Savings Accounts (HSA) from other comprehensive major medical plans.  
 Line 2: Include Short term and One-Time Limited Duration business as defined in MCL 500.2213b.  
 Line 17a-17c: Separate stand alone Vision and Prescription experience from Other Individual business.  
**Section B**  
 Lines 1.1a-1.3b: As in Section A, provide experience separately for HSA-eligible and non-HSA eligible policies. In addition, separate experience for large groups between employers with 51-100 employees and 101 or greater employees.  
 Lines 2a-2c: List experience separately for Small Group, Large Group 51-100 and Large Group 101+.  
 Line 19a-19c: Separate stand alone Vision and Prescription experience from Other Group business.

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Lives Covered as of Dec. 31	7 Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
<b>1a</b> Comprehensive Major Medical (With No HSA)							
<b>1b.</b> Comprehensive Major Medical (w/HSA)							





3. Administrative Services Only	XXX	XXX	XXX	XXX
4. Administrative Services Contracts	XXX	XXX	XXX	XXX
5. Total – Other				
D. Grand Total Individual, Group, and Other Business				

Address questions regarding this form to:  <p style="text-align: center;"> <b>Policy Division</b>                      Toll Free: (877) 999-6442                      or Lansing Area: (517) 373-1866                 </p>	Return completed form with your Michigan Annual Statement filing or send to this address before the due date:  <p style="text-align: center;"> <b>OFIR – Policy Division</b>                      PO Box 30220                      Lansing, MI 48909                 </p>
--	--

**CERTIFICATION** I certify that I am an officer of the company named in this report, I have the authority to prepare and file this report, and I verified the Grand Totals in Columns 1 and 2 of this exhibit on this form equal amounts reported as Michigan business on your annual statement, as shown below.

- **Property & Casualty Statement** – Sum of Accident & Health lines 13-15 on Exhibit of Premiums & Losses (Statutory Page 14).
- **Life, Accident & Health Statement** – Line 26-Totals from the Accident and Health Insurance State Page.
- **Fraternal Statement** – Line 26-Totals from the Accident and Health Insurance State Page.
- **Health Statement** – Lines 12 and 18, Column 1 Total from the Exhibit of Premiums, Enrollment and Utilization State Page.

I have examined this report thoroughly, and it is true, complete, and correct to the best of my knowledge and belief.

Signature of Company Officer	Date Signed
Company Officer's Name – Typed or Printed	Person and Phone No. to contact regarding this report - <b>Required</b>
Company Officer's Title – Typed or Printed	Email address of contact regarding this report - <b>Required</b>

PA 218 of 1956 as amended requires filing by all insurers, HMOs and AFDS. Failure to file properly could result in a compliance action against the company.

*APPENDIX III:*

**SUPPLEMENTAL CHECKLIST ON WHERE TO SEND  
FORMS INCLUDED IN THESE INSTRUCTIONS**

## WHERE TO SEND FORMS INCLUDED IN THESE INSTRUCTIONS

**(Note: Forms sent to OFIR should be sent to the address previously listed in these instructions and directed to the division as indicated below)**

<b>Form</b>	<b>OFIR Division or Address</b>
Qualifying Assets Form (FIS 0063, FIS 0079, FIS 0081, FIS 0082)	OFIR– Supervisory Affairs and Insurance Monitoring Division
Complaint and Grievance Summary for Health Carriers (FIS 0318)	OFIR– Consumer Services Division
Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322)	OFIR – Policy Division
Accident and Sickness Insurance Advertising Certificate of Compliance (per Admin. Rule 500.668), Advertisement of Life Insurance and Annuities Certificate of Compliance (per Admin Rule 500.1385).	Via SERFF Questions - Health Plans Division
Regulatory Asset Adequacy Issues Summary (per Admin. Rule 500.996)	OFIR– Supervisory Affairs and Insurance Monitoring Division

*APPENDIX IV:*

**LISTING OF COMPANIES FOR WHICH REINSURANCE  
CREDITS ARE ALLOWED**

# Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2011 to complete the reinsurance section of the 2011 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2011

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
25232	21st Century Advantage Ins Co	19100	Amco Ins Co	42897	Amer Service Ins Co
44245	21st Century Assur Co	12548	Amer Agri-Business Ins Co	41998	Amer Southern Home Ins Co
34789	21st Century Centennial Ins Co	10103	Amer Agricultural Ins Co	10235	Amer Southern Ins Co
12963	21st Century Ins Co	19720	Amer Alternative Ins Corp	84697	Amer Specialty Health Ins Co
32220	21st Century North Amer Ins Co	21849	Amer Automobile Ins Co	19704	Amer States Ins Co
20796	21st Century Premier Ins Co	10111	Amer Bankers Ins Co Of FL	37214	Amer States Preferred Ins Co
23833	21st Century Security Ins Co	60275	Amer Bankers Life Assurance Co Of FL	31380	Amer Surety Co
80985	4 Ever Life Ins Co	60291	Amer Capitol Ins Co	60895	Amer United Life Ins Co
77879	5 Star Life Ins Co	20427	Amer Casualty Co Of Reading, PA	40142	Amer Zurich Ins Co
71854	AAA Life Ins Co	19941	Amer Commerce Ins Co	61999	Americo Financial Life & Annuity Ins Co
22896	ACA Financial Guaranty Corp	45934	Amer Compensation Ins Co	12504	Ameriprise Ins Co
60038	ACACIA Life Ins Co	12321	Amer Continental Ins Co	19488	Amerisure Ins Co
31325	Acadia Ins Co	10216	Amer Contractors Indemnity Co	23396	Amerisure Mutual Ins Co
63444	Accendo Ins Co	94439	Amer Creditors Life Ins Co	11050	Amerisure Partners Ins Co
12304	Accident Fund General Ins Co	19690	Amer Economy Ins Co	61301	Ameritas Life Ins Corp
10166	Accident Fund Ins Co of Amer	37990	Amer Empire Ins Co	10665	Ameritrust Ins Corp
12305	Accident Fund Nat'l Ins Co	92738	Amer Equity Investment Life Ins Co	27928	Amex Assurance Co
26379	Accredited Surety & Casualty Co, Inc	10819	Amer Equity Specialty Ins Co	42390	Amguard Ins Co
22667	ACE American Ins Co	23337	Amer European Ins Co	72222	Amica Life Ins Co
50028	ACE Capital Title Rein Co	23450	Amer Family Home Ins Co	19976	Amica Mutual Ins Co
20702	ACE Fire Underwriters Ins Co	60380	Amer Family Life Assurance Co Of Columbus	15954	AmTrust Ins Co of KS, Inc
60348	ACE Life Ins Co	60399	Amer Family Life Ins Co	37656	Anesthesiologists Professional Assurance Co
20699	ACE Prop & Cas Ins Co	43699	Amer Federation Ins Co	93661	Annuity Investors Life Ins Co
19984	ACIG Ins Co	13323	Amer Fellowship Mutual Ins Co	10984	Ansur America Ins Co
22950	Acstar Ins Co	60410	Amer Fidelity Assurance Co	61069	Anthem Life Ins Co
14184	Acuity, A Mutual Ins Co	60429	Amer Fidelity Life Ins Co	10229	APSpecialty Ins Corp
33987	ADM Insurance Company	24066	Amer Fire And Casualty Co	34738	ARAG Ins Co
44318	Admiral Indemnity Co	60445	Amer Founders Life Ins Co	30830	Arch Indemnity Ins Co
40517	Advantage Workers Comp Ins Co	40398	Amer Fuji Fire And Marine Ins Co	11150	Arch Ins Co
33898	Aegis Security Ins Co	68373	Amer General Assurance Co	10348	Arch Rein Co
78700	Aetna Health And Life Ins Co	24376	Amer General Indemnity Co	19860	Argonaut Great Central Ins Co
72052	Aetna Health Ins Co	66672	Amer General Life & Accident Ins Co	19801	Argonaut Ins Co
36153	Aetna Ins Co Of CT	60488	Amer General Life Ins Co	19828	Argonaut Midwest Ins Co
60054	Aetna Life Ins Co	66842	Amer General Life Ins Co of DE	41459	Armed Forces Ins Exchange
10014	Affiliated FM Ins Co	31208	Amer General Property Ins Co	24678	Arrowood Indemnity Co
16748	Affinity Mutual Ins Co	26247	Amer Guarantee And Liability Ins Co	43460	Aspen American Ins Co
* 42609	Affirmative Ins Co	51411	Amer Guaranty Title Ins Co	* 11680	Aspen Ins UK Ltd
12569	Affirmative Ins Co of MI	43494	Amer Hallmark Ins Co of TX	21865	Associated Indemnity Corp
42757	Agri General Ins Co	60518	Amer Health And Life Ins Co	87882	Associated Mutual
34886	Aioi Nissay Dowa Ins Co of Amer	39152	Amer HealthCare Indemnity Co	19305	Assurance Co Of Amer
19399	AIU Ins Co	60534	Amer Heritage Life Ins Co	30180	Assured Guaranty Corp
10957	Alamance Ins Co	19380	Amer Home Assurance Co	18287	Assured Guaranty Municipal Corp
20222	All Amer Ins Co	60542	Amer Home Life Ins Co, The	10843	Assured Guaranty Municipal Insurance Co.
82406	All Savers Ins Co	60577	Amer Income Life Ins Co	71439	Assurity Life Ins Co
13285	Alleghany Casualty Co	21857	Amer Ins Co	11511	Asure Worldwide Ins Co
60134	Alliance Health and Life Ins Co	31895	Amer Interstate Ins Co	* 29033	Atain Insurance Company
56197	Alliance Of Transylvanian Saxons	81213	Amer Maturity Life Ins Co	17159	Atain Specialty Insurance Company
35300	Allianz Global Risks US Ins Co	81418	Amer Medical & Life Ins Co	41769	Athena Assurance Co
69604	Allianz Life & Annuity Co	97179	Amer Medical Security Life Ins Co	61093	Atlanta Life Ins Co
90611	Allianz Life Ins Co Of North Amer	67989	Amer Memorial Life Ins Co	27154	Atlantic Specialty Ins Co
11242	Allied Eastern Indemnity Co	15911	Amer Mining Ins Co, Inc	22586	Atlantic States Ins Co
42579	Allied Prop & Cas Ins Co	23469	Amer Modern Home Ins Co	25422	Atradius Trade Credit Ins, Inc
* 19489	Allied World Assur Co US, Inc	65811	Amer Modern Life Ins Co	61182	Aurora National Life Assurance Co
10690	Allied World Nat'l Assur Co	38652	Amer Modern Select Ins Co	21210	Auto Club Group Ins Co
22730	Allied World Reins Co	60739	Amer National Ins Co	21202	Auto Club Ins Assn
10212	Allmerica Financial Alliance Ins Co	71773	Amer National Life Ins Of TX	84522	Auto Club Life Ins Co
41840	Allmerica Financial Benefit Ins Co	28401	Amer Nat'l Prop & Cas Co	* 60256	Auto club of Southern CA Life ins Co
70866	Allstate Assur Co	12190	Amer Pet Ins Co	19062	Automobile Ins Co Of Hartford, CT
29688	Allstate Fire and Casualty Ins Co	91785	Amer Phoenix Life And Reassurance Co	18988	Auto-Owners Ins Co
19240	Allstate Indemnity Co	33006	Amer Physicians Assurance Corp	61190	Auto-Owners Life Ins Co
19232	Allstate Ins Co	60801	Amer Public Life Ins Co	10367	Avemco Ins Co
60186	Allstate Life Ins Co	19615	Amer Reliable Ins Co	61689	Aviva Life & Annuity Co
17230	Allstate Prop & Cas Ins Co	60836	Amer Republic Ins Co	63932	Aviva Life & Annuity Co of NY
37907	Allstate Vehicle & Prop Ins Co	19631	Amer Road Ins Co	29530	AXA Art Ins Corp
21296	Alterra America Ins Co	39969	Amer Safety Casualty Ins Co	68365	AXA Corporate Solutions Life Rein Co
10829	Alterra Reins USA, Inc	42978	Amer Security Ins Co	62880	AXA Equitable Life & Annuity Co
60208	Amalgamated Life And Health Ins Co	19992	Amer Select Ins Co	62944	AXA Equitable Life Ins Co
60216	Amalgamated Life Ins Co	17965	Amer Sentinel Ins Co	33022	AXA Ins Co

\* - Recognized Trusteed or Accredited Reinsurer

## - Recognized Trusteed Reinsurer (for reinsurance agreements incepting on or after August 1, 1995)

# Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2011 to complete the reinsurance section of the 2011 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2011

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
37273	AXIS Ins Co	61832	Chesapeake Life Ins Co	62553	Country Life Ins Co
20370	AXIS Reins Co	22810	Chicago Ins Co	20990	Country Mutual Ins Co
13420	Badger Mutual Ins Co	50229	Chicago Title Ins Co	21008	Country Preferred Ins Co
24813	Balboa Ins Co	12777	Chubb Indemnity Ins Co	81973	Coventry Health And Life Ins Co
68160	Balboa Life Ins Co	10052	Chubb National Ins Co	56634	Croatian Fraternal Union Of Amer
61212	Baltimore Life Ins Co	10669	Church Ins Co	80675	Crown Life Ins Co
18538	Bancinsure, Inc	18767	Church Mutual Ins Co	31348	Crum & Forster Indemnity Co
61239	Bankers Fidelity Life Ins Co	25771	CIFG Assurance North America, Inc	56138	CSA Fraternal Life
61263	Bankers Life And Casualty Co	67369	CIGNA Health & Life Ins Co	82880	CSI Life Ins Co
71013	Bankers Reserve Life Ins Co of WI	22004	CIM Ins Corp	10847	CUMIS Ins Society
18279	Bankers Standard Ins Co	28665	Cincinnati Casualty Co	62626	CUNA Mutual Ins Society
94250	Banner Life Ins Co	23280	Cincinnati Indemnity Co	* 10291	CX Reins Co Ltd
29513	Bar Plan Mutual Ins Co, The	10677	Cincinnati Ins Co	56324	Czech Catholic Union
38245	BCS Ins Co	76236	Cincinnati Life Ins Co	21164	Dairyland Ins Co
37540	Beazley Ins Co, Inc	31534	Citizens Ins Co Of Amer	34924	Dakota Truck Underwriters
41394	Benchmark Ins Co	10176	Citizens Ins Co Of OH	32271	Dallas Nat'l Ins Co
61395	Beneficial Life Ins Co	10395	Citizens Ins Co Of The Midwest	16624	Darwin Nat'l Assur Co
32603	Berkley Ins Co	10315	Civic Prop & Cas Co	* 14034	DaVinci Reinsurance Ltd.
64890	Berkley Life & Health Ins Co	* 43095	Clarendon America Ins Co	16705	Dealers Assurance Co
38911	Berkley Nat'l Ins Co	20532	Clarendon National Ins Co	37184	Deerfield Ins Co
29580	Berkley Regional Ins Co	25070	Clearwater Ins Co	57088	Degree Of Honor Protective Assoc
13070	Berkshire Hathaway Assur Corp	10019	Clearwater Select Ins Co	62634	Delaware Amer Life Ins Co
62345	Berkshire Hathaway Life Ins Co Of NE	40266	CMG Mortgage Ins Co	73474	Dentegra Ins Co
71714	Berkshire Life Ins Co of America	31887	Coface North America Ins Co	18813	Dentists Benefits Ins Co
90638	Best Life & Health Ins Co	36552	Coliseum Reins Co	40975	Dentists Ins Co
20095	Bituminous Casualty Corp	34347	Colonial Amer Casualty & Surety Co	42587	Depositors Ins Co
20109	Bituminous Fire And Marine Ins Co	62049	Colonial Life & Accident Ins Co	12718	Developers Surety & Indemnity Co
12311	Bloomington Compensation Ins Co	62065	Colonial Penn Life Ins Co	42048	Diamond State Ins Co
61476	Boston Mutual Life Ins Co	10758	Colonial Surety Co	36463	Discover Prop & Cas Ins Co
19658	Bristol West Ins Co	36927	Colony Specialty Ins Co	34495	Doctors' Co, An Interinsurance Exchange
12774	Bristol West Preferred Ins Co	84786	Colorado Bankers Life Ins Co	13692	Donegal Mutual Ins Co
74900	Brokers National Life Assurance Co	* 12276	Columbia Capital Life Reins Co	33499	Dorinco Rein Co
78620	Brooke Life Ins Co	* 27812	Columbia Ins Co	13183	Eagle Life Ins Co
13528	Brotherhood Mutual Ins Co	76023	Columbian Life Ins Co	13019	Eastern Advantage Assur Co
16713	Buckeye State Mutual Ins Co	62103	Columbian Mutual Life Ins Co	10724	Eastern Alliance Ins Co
93432	C.M. Life Ins Co	99937	Columbus Life Ins Co	28649	Eastern Atlantic Ins Co
21946	Camden Fire Ins Association	62146	Combined Ins Co Of Amer	14702	EastGuard Ins Co
36340	Camico Mutual Ins Co	19410	Commerce & Industry Ins Co	22926	Economy Fire & Casualty Co
12260	CampMed Casualty & Indem Co, Inc of MD	32280	Commercial Casualty Ins Co	21261	Electric Ins Co
80659	Canada Life Assurance Co	84824	Commonwealth Ann & Life Ins Co	62928	EMC National Life Co
10464	Canal Ins Co	10220	Commonwealth Ins Co Of Amer	21407	Emcasco Ins Co
10472	Capitol Indemnity Corp	50083	Commonwealth Land Title Ins Co	21326	Empire Fire And Marine Ins Co
61581	Capitol Life Ins Co	10794	Companion Comm Ins Co	84174	Employees Life Co (Mutual)
10510	Carolina Casualty Ins Co	77828	Companion Life Ins Co	20648	Employers' Fire Ins Co
40134	CastlePoint Nat'l Ins Co	12157	Companion Prop & Cas Ins Co	21458	Employers Ins Co Of Wausau
11255	Caterpillar Ins Co	34711	Computer Ins Co	21415	Employers Mutual Casualty Co
11997	Caterpillar Life Ins Co	12177	CompWest Ins Co	68276	Employers Reassurance Corp
56030	Catholic Financial Life	29734	Conifer Ins Co	56049	Empoyes' Mutual Benefit Assoc
57770	Catholic Holy Family Society	62308	Connecticut General Life Ins Co	15130	Encompass Indemnity Co
56316	Catholic Ladies Of Columbia	65900	Conseco Life Ins Co	10358	Encompass Ins Co
57487	Catholic Order Of Foresters	22640	Consolidated Ins Co	10072	Encompass Prop & Cas Co
24503	Catlin Indemnity Company	32190	Constitution Ins Co	10641	Endurance Amer Ins Co
19518	Catlin Ins Co, Inc	62359	Constitution Life Ins Co	11551	Endurance Reins Corp of America
80799	Celtic Ins Co	62375	Consumers Life Ins Co	43630	Endurance Risk Solutions Assur Co
11499	Censtat Cas Co	71730	Continental American Ins Co	12747	Envision Ins Co
20230	Central Mutual Ins Co	62413	Continental Assurance Co	64149	Epic Life Ins Co
61735	Central Security Life Ins Co	20443	Continental Casualty Co	62952	Equitable Life & Casualty Ins Co
61751	Central States Health & Life Of Omaha	71404	Continental General Ins Co	56057	Equitable Reserve Assoc
34274	Central States Indemnity Co Of Omaha	28258	Continental Indemnity Co	62510	Equitrust Life Ins Co
34649	Centre Ins Co	35289	Continental Ins Co	13634	Essent Guaranty, Inc
80896	Centre Life Ins Co	68500	Continental Life Ins Co Of Brentwood, TN	37915	Essentia Ins Co
62383	Centurion Life Ins Co	10804	Continental Western Ins Co	* 39020	Essex Ins Co
* 36951	Century Surety Co	37206	Contractors Bonding And Ins Co	25712	Esurance Ins Co
61808	Charter National Life Ins Co	10499	CorePointe Insurance Company	21741	Esurance Ins Co of NJ
25615	Charter Oak Fire Ins Co	20044	Cornhusker Cas Co	30210	Esurance Prop & Cas Ins Co
40258	Chartis Cas Co	78301	Corvesta Life Insurance Company	20516	Euler Hermes Amer Cred Indemnity Co
19402	Chartis Prop Cas Co	20982	Country Casualty Ins Co	* 35378	Evanston Ins Co
10642	Cherokee Ins Co	94218	Country Investors Life Assurance Co	57991	Everence Assoc, Inc

\* - Recognized Trusteed or Accredited Reinsurer

## - Recognized Trusteed Reinsurer (for reinsurance agreements incepting on or after August 1, 1995)

# Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2011 to complete the reinsurance section of the 2011 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2011

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
74209	Everence Ins Co	67652	First Penn-Pacific Life Ins Co	22136	Great Amer Ins Co Of NY
10120	Everest National Ins Co	33383	First Professionals Ins Co, Inc	63312	Great Amer Life Ins Co
26921	Everest Reins Co	81434	First Rehabilitation Life Ins Co Of Amer	31135	Great Amer Security Ins Co
12750	Evergreen National Indemnity Co	28519	First Sealord Surety, Inc	33723	Great Amer Spirit Ins Co
10318	Exact Prop & Cas Co	13978	Florists' Mutual Ins Co	25224	Great Divide Ins Co
10003	Excess Share Ins Corp	11185	Foremost Ins Co Grand Rapids	10787	Great Lakes Casualty Ins Co
35181	Executive Risk Indemnity	11800	Foremost Prop & Cas Ins Co	30384	Great Lakes Mutual Ins Co
60025	Express Scripts Ins Co	41513	Foremost Signature Ins Co	18694	Great Midwest Ins Co
21482	Factory Mutual Ins Co	91642	Forethought Life Ins Co	20303	Great Northern Ins Co
44784	Fairfield Ins Co	71129	Fort Dearborn Life Ins Co	90212	Great Southern Life Ins Co
18864	Fairmont Ins Co	10801	Fortress Ins Co	11371	Great West Casualty Co
25518	Fairmont Premier Ins Co	10985	Fortuity Ins Co	71480	Great Western Ins Co
24384	Fairmont Specialty Ins Co	14249	Founders Ins Co	22187	Greater New York Mutual Ins Co
77968	Family Heritage Life Ins Co Of Amer	18180	Founders Ins Co Of MI	68322	Great-West Life & Annuity Ins Co
63053	Family Life Ins Co	11600	Frank Winston Crum Insurance, Inc.	80705	Great-West Life Assurance Co
74004	Family Service Life Ins Co	13986	Frankenmuth Mutual Ins Co	22322	Greenwich Ins Co
21547	Farm Bureau General Ins Co Of MI	62324	Freedom Life Ins Co Of Amer	36650	Guarantee Co of North America USA, The
63096	Farm Bureau Life Ins Co Of MI	22209	Freedom Specialty Ins Co	64211	Guarantee Trust Life Ins Co
21555	Farm Bureau Mutual Ins Co Of MI	13994	Fremont Ins Co	64238	Guaranty Income Life Ins Co
30341	Farmers & Merchants Mutual Fire Ins	99775	Funeral Directors Life Ins Co	78778	Guardian Ins & Annuity Co
24201	Farmers Automobile Ins Assoc	63657	Garden State Life Ins Co	64246	Guardian Life Ins Co Of Amer
21636	Farmers Ins Co Of OR	21253	Garrison Prop & Cas Ins Co	83607	Guggenheim Life & Annuity Ins Co
21652	Farmers Ins Exchange	28339	Gateway Ins Co	42803	Guideone Elite Ins Co
36889	Farmers Ins Of Columbus, Inc	56685	GBU Financial Life	15032	Guideone Mutual Ins Co
33448	Farmers Mutual Fire Ins Co Of Branch Cnty	35882	GEICO General Ins Co	14559	Guideone Specialty Mutual Ins Co
13897	Farmers Mutual Hail Ins Co Of IA	22055	GEICO Indemnity Co	34037	Hallmark Ins Co
63177	Farmers New World Life Ins Co	63665	General Amer Life Ins Co	14125	Hamilton Mutual Ins Co
41483	Farmington Casualty Co	24414	General Casualty Co Of WI	88340	Hannover Life Reassur Co Of Amer
13838	Farmland Mutual Ins Co	18821	General Casualty Ins Co	* 10241	Hannover Ruckversicherungs (US Rein Trust)
10178	FCCI Ins Co	30007	General Fidelity Ins Co	36064	Hanover American Insurance Company
20281	Federal Ins Co	93521	General Fidelity Life Ins Co	22292	Hanover Ins Co
63223	Federal Life Ins Co (Mutual)	24732	General Ins Co Of Amer	26433	Harco National Ins Co
63258	Federated Life Ins Co	86258	General Re Life Corp	23582	Harleysville Ins Co
13935	Federated Mutual Ins Co	22039	General Reins Corp	42900	Harleysville Ins Co Of NJ
11118	Federated Rural Electric Ins Exchange	39322	General Security National Ins Co	10060	Harleysville Ins Co Of OH
28304	Federated Service Ins Co	11967	General Star National Ins Co	* 10674	Harleysville Insurance Company of New York
39306	Fidelity & Deposit Co Of MD	11231	Generali	14516	Harleysville Lake States Ins Co
35386	Fidelity & Guaranty Ins Co	97071	Generali USA Life Reassurance Co	64327	Harleysville Life Ins Co
25879	Fidelity & Guaranty Ins Underwriters, Inc	38962	Genesis Ins Co	14168	Harleysville Mutual Ins Co
63274	Fidelity & Guaranty Life Insurance Co.	37095	Genworth Financial Assur Corp	40983	Harleysville Pennland Ins Co
93696	Fidelity Investments Life Ins Co	41432	Genworth Home Equity Ins Corp	35696	Harleysville Preferred Ins Co
63290	Fidelity Life Association	65536	Genworth Life and Annuity Ins Co	26182	Harleysville Worcester Ins Co
11523	Fidelity National Indemnity Insurance Company	70025	Genworth Life Ins Co	13382	Harleysville-Atlantic Ins Co
25180	Fidelity National Ins Co	38458	Genworth Mortgage Ins Corp	22357	Hartford Accident And Indemnity Co
16578	Fidelity National Prop & Cas Ins Co	16675	Genworth Mortgage Ins Corp of NC	29424	Hartford Casualty Ins Co
51586	Fidelity National Title Ins Co	* 11049	Genworth Mortgage Reins Corp	19682	Hartford Fire Ins Co
71870	Fidelity Security Life Ins Co	18759	Genworth Residential Mort Assur Corp	37478	Hartford Ins Co Of The Midwest
71455	Financial Amer Life Ins Co	29823	Genworth Residential Mortgage Ins Corp of NE	93505	Hartford Int'l Life Reassur Corp
21075	Financial Amer Prop & Cas Ins Co	10799	GeoVera Ins Co	70815	Hartford Life And Accident Ins Co
35009	Financial Casualty & Surety, Inc	70939	Gerber Life Ins Co	71153	Hartford Life and Annuity Ins Co
39136	Finial Reins Co	14036	Germantown Mutual Ins Co	88072	Hartford Life Ins Co
21660	Fire Ins Exchange	56154	Gleaner Life Ins Society	11452	Hartford Steam Boiler Inspect & Ins Co
21873	Fireman's Fund Ins Co	11266	Global Reins Corp	29890	Hartford Steam Boiler Inspect & Ins Co of CT
21784	Firemen's Ins Co of Wash DC	21032	Global Reins Corp of America	30104	Hartford Underwriters Ins Co
69140	First Allmerica Financial Life Ins Co	91472	Globe Life And Accident Ins Co	14176	Hastings Mutual Ins Co
37710	First Amer Prop & Cas Ins Co	11044	GMAC Ins Co Online, Inc	36919	Hawkeye-Security Ins Co
50814	First Amer Title Ins Co	62286	Golden Rule Ins Co	92711	HCC Life Ins Co
56332	First Catholic Slovak Ladies Assoc Of The USA	22063	Government Employees Ins Co	78611	HCSC Ins Services Co
56340	First Catholic Slovak Union Of The USA	63967	Government Personnel Mutual Life Ins Co	41343	HDI-Gerling America Ins Co
29980	First Colonial Ins Co	11136	Grange Ins Co of Michigan	70670	Health Care Service Corp, Mut Legal Res Co
10351	First Dakota Indemnity Company	71218	Grange Life Ins Co	92908	Healthmarkets Ins Co
11177	First Financial Ins Co	* 14060	Grange Mutual Casualty Co	66141	HealthNet Life Ins Co
10676	First Guard Ins Co	26310	Granite Re, Inc	12826	HealthPlus Ins Co
90328	First Health Life & Health Ins Co	23809	Granite State Ins Co	12902	Healthspring Life & Health Ins Co
63495	First Investors Life Ins Co	36307	Gray Ins Co, The	32077	Heritage Casualty Ins Co
33588	First Liberty Ins Corp	26832	Great Amer Alliance Ins Co	39527	Heritage Indemnity Co
24724	First National Ins Co Of Amer	26344	Great Amer Assurance Co	64394	Heritage Life Ins Co
10859	First Nonprofit Ins Co	16691	Great Amer Ins Co	62421	Heritage Union Life Ins Co

\* - Recognized Trusteed or Accredited Reinsurer

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# Companies for which Reinsurance Credits are Allowed

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NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
35599	Highmark Casualty Ins Co	15962	Kansas Bankers Surety Co	29076	Medical Mutual of Ohio
10200	Hiscox Ins Co	65129	Kansas City Life Ins Co	11843	Medical Protective Co
71768	HM Health Ins Co	10914	Kemper Independence Ins Co	31119	Medico Ins Co
93440	HM Life Ins Co	10885	Key Risk Ins Co	71471	Medico Life Ins Co
26638	Home-Owners Ins Co	13722	Knightbrook Ins Co	22241	Medmarc Casualty Ins Co
17221	Homesite Ins Co	58033	Knights Of Columbus	32089	Medmarc Mutual Ins Co
13927	Homesite Ins Co Of The Midwest	56227	KSKJ Life Amer Slov Cath Union	16101	MEEMIC Ins Co
64505	Homesteaders Life Co	* 22993	KY Farm Bureau Mutual Ins Co	97055	Mega Life And Health Ins Co
22578	Horace Mann Ins Co	56715	Ladies PA Slovak Catholic Union	86126	Members Life Ins Co
64513	Horace Mann Life Ins Co	65242	Lafayette Life Ins Co	21229	MemberSelect Ins Co
22756	Horace Mann Prop & Cas Ins Co	26077	Lancer Ins Co	11030	MEMIC Indemnity Co
93777	Household Life Ins Company	35246	Laurier Indemnity Co	31968	Merastar Ins Co
10069	Housing Authority Prop Ins, a Mutual Co	37800	Leading Ins Group Ins Co, Ltd US Brch	14494	Merchants Bonding Co
11206	Housing Enterprise Ins Co, Inc	37940	Lexington Nat'l Ins Corp	23329	Merchants Mutual Ins Co
* 42374	Houston Casualty Co	13307	Lexon Ins Co	12901	MERCHANTS PREFERRED INS CO
28657	HSBC Ins Co of DE	68543	Liberty Bankers Life Ins Co	27988	Mercury Nat'l Ins Co
25054	Hudson Ins Co	42404	Liberty Ins Corp	10502	Meridian Citizens Mutual Insurance Company
73288	Humana Ins Co	19917	Liberty Insurance Underwriters, Inc	23353	Meridian Security Ins Co
70580	HumanaDental Ins Co	65315	Liberty Life Assurance Co Of Boston	65951	Merit Life Ins Co
56553	Hungarian Reformed Federation Of Amer	61492	Liberty Life Ins Co	24821	Meritplan Ins Co
91693	IA Amer Life Ins Co	23035	Liberty Mutual Fire Ins Co	87726	MetLife Ins Co of CT
97764	Idealife Ins Co	23043	Liberty Mutual Ins Co	93513	MetLife Investors Ins Co
29068	IDS Prop & Cas Ins Co	65331	Liberty National Life Ins Co	61050	MetLife Investors USA Ins Co
64580	Illinois Mutual Life Ins Co	11746	Liberty Personal Ins Co	25321	Metropolitan Direct Prop & Cas Ins Co
23817	Illinois National Ins Co	66753	Liberty Union Life Assurance Co	39950	Metropolitan General Ins Co
35408	Imperium Ins Co	65498	Life Ins Co Of North Amer	34339	Metropolitan Grp Prop & Cas Ins Co
43575	Indemnity Ins Co Of North Amer	65528	Life Ins Co Of The Southwest	65978	Metropolitan Life Ins Co
26581	Independence American Ins Co	97691	Life of the South Ins Co	26298	Metropolitan Prop & Cas Ins Co
64602	Independence Life And Annuity Co	77720	LifeSecure Ins Co	97136	Metropolitan Tower Life Ins Co
29831	Independent Mutual Fire Ins Co	65595	Lincoln Benefit Life Co	40150	MGA Ins Co
58068	Independent Order Of Foresters	65927	Lincoln Heritage Life Ins Co	22594	MGIC Assurance Corp
57509	Independent Order Of Vikings	62057	Lincoln Life & Ann Co of NY	10682	MGIC Credit Assurance Corp
22659	Indiana Ins Co	65676	Lincoln National Life Ins Co	18740	MGIC Indemnity Corp
14265	Indiana Lumbermen's Mutual Ins Co	58262	Lithuanian Alliance Of Amer	33111	MHA Ins Co
81779	Individual Assurance Co Life, Hlth & Acc	##	Lloyd's Underwriters At London, Sp Synd	10209	MI Automobile Ins Placement Facility
84514	Industrial Alliance Pacific Ins & Fin Srv Inc	36447	LM General Ins Co	34029	MI Basic Property Ins Assn
11738	Infinity Auto Ins Co	33600	LM Ins Corp	99992	MI Catastrophic Claims Association
22268	Infinity Ins Co	32352	LM Prop & Cas Ins Co	10998	MI Commercial Ins Mutual
86509	ING Life Ins and Annuity Co	87920	Locomotive Engineers & Conductors	10857	MI Ins Co
80942	ING USA Annuity & Life Ins Co	83550	London Life Ins Co	14508	MI Millers Mutual Ins Co
22195	Ins Co of Greater NY	76694	London Life Reins Co	31429	MI Professional Ins Exchange
26700	Ins Co Of IL	68446	Longevity Ins Co	38660	MIC General Ins Corp
22713	Ins Co Of North Amer	65722	Loyal Amer Life Ins Co	38601	MIC Prop & Cas Ins Corp
19429	Ins Co Of The State Of PA	56758	Loyal Christian Benefit Assoc	21687	Mid-Century Ins Co
27847	Ins Co Of The West	23108	Lumbermen's Underwriting Alliance	23418	Mid-Continent Casualty Co
29742	Integon National Ins Co	35769	Lyndon Property Ins Co	23434	Middlesex Ins Co
74780	Integrity Life Ins Co	10051	Lyndon Southern Ins Co	14532	Middlesex Mutual Assur Co
* 15598	Inter-Insurance Exchange of the Auto Club	* 93580	M Life Ins Co	66044	Midland National Life Ins Co
11592	International Fidelity Ins Co	65781	Madison National Life Ins Co	23612	Midwest Employers Casualty Co
64831	Intramercia Life Ins Co	11054	Maiden Rein Co	66087	Mid-West National Life Ins Co Of TN
10749	Intrepid Ins Co	65870	Manhattan Life Ins Co	79480	Midwest Security Life Ins Co
64904	Investors Heritage Life Ins Co	67083	Manhattan National Life Ins Co	23515	Midwestern Indemnity Co
64939	Investors Ins Corp	66897	Manufacturers Alliance Ins Co	66109	Midwestern United Life Ins Co
63487	Investors Life Ins Co Of North Amer	12824	Manufacturing Technology Mutual Ins Co	61522	MII Life, Incorporated
50369	Investors Title Ins Co	* 23876	Mapfre Ins Co	14583	Millers First Ins Co
23647	Ironshore Indemnity, Inc	* 12324	Mapfre Re Compania De Reaseguros, S.A.	26662	Milwaukee Cas Ins Co
32921	ISMIE Mutual Ins Co	28932	Markel Amer Ins Co	* 14591	Milwaukee Ins Co
65056	Jackson National Life Ins Co	38970	Markel Ins Co	42234	Minnesota Lawyers Mutual Ins Co
60140	Jackson National Life Ins Co Of NY	19356	Maryland Casualty Co	66168	Minnesota Life Ins Co
11630	Jefferson Ins Co	22306	Massachusetts Bay Ins Co	20362	Mitsui Sumitomo Ins Co of Amer
64017	Jefferson National Life Ins Co	65935	Massachusetts Mutual Life Ins Co	22551	Mitsui Sumitomo Ins Usa, Inc
14354	Jewelers Mutual Ins Co	10784	MAXUM Casualty Ins Co	30139	MLBA Mutual Ins Co
65080	John Alden Life Ins Co	12041	MBIA Ins Corp	16942	MMIC Ins, Inc
36781	John Deere Ins Co	13789	McLaren Health Plan Ins Co	70416	MML Bay State Life Ins Co
93610	John Hancock Life & Health Ins Co	69515	Medamerica Ins Co	23655	Modern Service Ins Co
65838	John Hancock Life Ins Co (USA)	63762	Medco Containment Life Ins Co	57541	Modern Woodmen Of Amer
* 86375	John Hancock Life Ins Co of NY	74322	Medical Benefits Mutual Life Ins Co	69647	Molina Healthcare Ins Co
65110	Kanawha Ins Co	* 32328	Medical Mutual Liability Ins Society Of MD	32506	Monroe Guaranty Ins Co

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NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
* 13921	Montpelier Reinsurance Ltd	27905	NLC Mutual Ins Co	67601	Paul Revere Variable Annuity Ins Co
66281	Monumental Life Ins Co	33200	Norcal Mutual Ins Co	18333	Peerless Indemnity Ins Co
66370	Mony Life Ins Co	31470	Norguard Ins Co	24198	Peerless Ins Co
78077	Mony Life Ins Co Of Amer	66974	North Amer Co For Life & Health Ins	24228	Pekin Ins Co
29858	Mortgage Guaranty Ins Corp	29700	North Amer Elite Ins Co	67628	Pekin Life Ins Co
16187	Mosaic Ins Co	68349	North Amer Ins Co	93262	Penn Ins And Annuity Co
13331	Motorists Commercial Mutual Insurance Company	29874	North Amer Specialty Ins Co	14982	Penn Millers Ins Co
66311	Motorists Life Ins Co	50130	North American Title Insurance Company	67644	Penn Mutual Life Ins Co
14621	Motorists Mutual Ins Co	27740	North Pointe Ins Co	32859	Penn-Amer Ins Co
22012	Motors Ins Corp	21105	North River Ins Co	21962	Pennsylvania General Ins Co
66427	MTL Ins Co	36455	Northbrook Indemnity Co	67660	Pennsylvania Life Ins Co
66346	Munich Amer Reassurance Co	38369	Northern Assurance Co Of Amer	14974	Pennsylvania Lumbermens Mut Ins Co
10227	Munich Reinsurance America, Inc	19372	Northern Ins Co Of NY	12262	Pennsylvania Manu Assoc Ins Co
88668	Mutual Of Amer Life Ins Co	30376	Northern Mutual Ins Co	41424	Pennsylvania Manufacturers Indemnity Co
71412	Mutual Of Omaha Ins Co	24031	Northland Casualty Co	14990	Pennsylvania Nat'l Mutual Casualty Ins Co
11878	Mutualaid Exchange	24015	Northland Ins Co	85561	Perico Life Ins Co
23663	National Amer Ins Co	69000	Northwestern Long Term Care Ins Co	12297	Petroleum Casualty Co
61409	National Benefit Life Ins Co	67091	Northwestern Mutual Life Ins Co	90247	Pharmacists Life Ins Co
11991	National Casualty Co	42552	Nova Casualty Co	13714	Pharmacists Mutual Ins Co
57568	National Catholic Society Of Foresters	81353	NYLIFE Ins Co Of AZ	67784	Philadelphia Amer Life Ins Co
10243	National Continental Ins Co	23248	Occidental Fire And Casualty Co Of NC	60232	Philadelphia Financial Life Assur Co
66540	National Farmers Union Life Ins Co	67148	Occidental Life Ins Co Of NC	18058	Philadelphia Indemnity Ins Co
16217	National Farmers Union Prop & Cas Co	23680	Odyssey Rein Co	93548	PHL Variable Ins Co
15679	National Fire & Indemnity Exchange	24074	Ohio Casualty Ins Co	25623	Phoenix Ins Co
20478	National Fire Ins Co Of Hartford	24104	Ohio Farmers' Ins Co	93734	Phoenix Life And Annuity Co
42447	National General Assurance Company	26565	Ohio Indemnity Co	67814	Phoenix Life Ins Co
23728	National General Ins Co	89206	Ohio National Life Assurance Corp	12816	PHP Insurance Company
66583	National Guardian Life Ins Co	67172	Ohio National Life Ins Co	72125	Physicians Life Ins Co
82538	National Health Ins Co	24082	Ohio Security Ins Co	80578	Physicians Mutual Ins Co
20087	National Indemnity Co	67199	Old Amer Ins Co	67911	Pioneer Mutual Life Ins Co
30155	National Ins Co Of Wisconsin, Inc	24139	Old Republic Gen Ins Corp	18309	Pioneer State Mutual Ins Co
32620	National Interstate Ins Co	24147	Old Republic Ins Co	26794	Plans Liability Ins Co
11051	National Interstate Ins Co of HI, Inc	67261	Old Republic Life Ins Co	10357	Platinum Under Reins, Inc
20052	National Liability & Fire Ins Co	50520	Old Republic National Title Ins Co	18619	Platte River Ins Co
66680	National Life Ins Co	37060	Old United Casualty Co	30945	Plaza Ins Co
15474	National Lloyds Ins Co	76007	Old United Life Ins Co	10287	PMI Ins Co
56073	National Mutual Benefit	13100	Omaha Insurance Company	18732	PMI Mortgage Assurance Co
22608	National Specialty Ins Co	20621	OneBeacon Amer Ins Co	27251	PMI Mortgage Ins Co
21881	National Surety Corp	21970	OneBeacon Ins Co	14460	Podiatry Ins Co of America
87963	National Teachers Assoc Life Ins Co	15385	OneCIS Ins Co	56820	Polish Falcons Of Amer
51020	National Title Ins of NY, Inc	85286	OneNation Ins Co	57622	Polish National Alliance Of The USA
20141	National Trust Ins Co	88099	Optimum Re Ins Co	56839	Polish National Union Of Amer
19445	National Union Fire Ins Co Of Pittsburgh	56383	Order Of United Comm Travelers Of Amer	57630	Polish Roman Catholic Union Of Amer
66850	National Western Life Ins Co	32700	Owners Ins Co	56847	Polish Union Of The US Of North Amer
28223	Nationwide Agribusiness Ins Co	76112	Oxford Life Ins Co	57649	Polish Women's Alliance Of Amer
23760	Nationwide General Ins Co	67393	Ozark National Life Ins Co	37257	Praetorian Ins Co
25453	Nationwide Ins Co Of Amer	* 84162	Pacific Beacon Life Reassur, Inc	36234	Preferred Professional Ins Co
92657	Nationwide Life And Annuity Ins Co	22748	Pacific Employers Ins Co	15586	Preserver Ins Co
66869	Nationwide Life Ins Co	20346	Pacific Indemnity Co	68039	Presidential Life Ins Co
23779	Nationwide Mutual Fire Ins Co	97268	Pacific Life & Annuity Co	13721	PrimeOne Ins Co
23787	Nationwide Mutual Ins Co	67466	Pacific Life Ins Co	65919	Primerica Life Ins Co
37877	Nationwide Prop & Cas Ins Co	37850	Pacific Specialty Ins Co	61271	Principal Life Ins Co
23825	Nat'l Public Finance Guarantee Corp	70785	Pacificare Life And Health Ins Co	71161	Principal Nat'l Life Ins Co
42307	Navigators Ins Co	10222	PACO Assurance Co, Inc	12208	Priority Health Ins Co
15865	NCMIC Mutual Ins Co	93459	Pan-Amer Assurance Co	12873	Privilege Underwriters Reciprocal Exchange
10317	Neighborhood Spirit Prop & Cas Co	67539	Pan-Amer Life Ins Co	38954	ProAssurance Cas Co
24171	Netherlands Ins Co	11518	Paramount Ins Co	33391	ProAssurance Indemnity Co, Inc
21830	New England Ins Co	11835	PARIS Re Amer Ins Co	23400	ProAssurance WI Ins Co
91626	New England Life Ins Co	60003	Park Avenue Life Ins Co	21903	ProCentury Ins Co
41629	New England Reins Corp	71099	Parker Centennial Assur Co	34312	Producers Agriculture Ins Co
23841	New Hampshire Ins Co	38636	Partner Rein Co Of The US	68047	Professional Ins Co
* 35432	New Jersey Re-Ins Co	* 13787	Partner Reinsurance Co, Ltd	11127	Professional Solutions Ins Co
91596	New York Life Ins And Annuity Corp	10006	Partnerre Ins Co Of NY	29017	Professionals Advocate Ins Co
66915	New York Life Ins Co	13439	Partners Mutual Ins Co	25585	Professionals Direct Ins Co
16608	New York Marine And General Ins Co	23442	Patriot General Ins Co	24252	Progressive Amer Ins Co
14788	NGM Ins Co	32069	Patriot Ins Co	24260	Progressive Casualty Ins Co
81264	Nippon Life Ins Co Of Amer	60099	Patriot Life Ins Co	42994	Progressive Classic Ins Co
27073	Nipponkoa Ins Co, Ltd (US Branch)	67598	Paul Revere Life Ins Co	* 16322	Progressive Direct Ins Co

\* - Recognized Trusteed or Accredited Reinsurer

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# Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2011 to complete the reinsurance section of the 2011 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2011

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
* 42412	Progressive Gulf Ins Co	38300	Samsung Fire & Marine Insurance Co., Ltd.	42986	Standard Guaranty Ins Co
37605	Progressive Marathon Ins Co	21911	San Francisco Reins Co	69019	Standard Ins Co
10187	Progressive Michigan Ins Co	30430	Sanilac Mutual Ins Co	86355	Standard Life And Accident Ins Co
* 35190	Progressive Mountain Ins Co	* 16551	Savers Prop & Cas Ins Co	69078	Standard Security Life Ins Co Of NY
* 38628	Progressive Northern Ins Co	70435	Savings Bank Life Ins Co of MA	18023	Star Ins Co
* 42919	Progressive Northwestern Ins Co	60176	SBLI USA Mutual Life Ins Co, Inc	68985	Starmount Life Ins Co
37834	Progressive Preferred Ins Co	87017	SCOR Global Life Re Ins Co of TX	40045	Starnet Ins Co
32786	Progressive Specialty Ins Co	80586	SCOR Global Life Reins Co of America	38318	Starr Indemnity & Liability Co
34690	Prop & Cas Ins Co Of Hartford	64688	SCOR Global Life US Re Ins Co	25127	State Auto Prop & Cas Ins Co
32905	Property-Owners Ins Co	30058	SCOR Reins Co	25135	State Automobile Mutual Ins Co
12416	Protective Ins Co	* 87572	Scottish RE (US), Inc	94498	State Farm Annuity And Life Ins Co
88536	Protective Life & Annuity Ins Co	90670	Scottish Re Life Corp	25143	State Farm Fire And Casualty Co
68136	Protective Life Ins Co	15580	Scottsdale Indemnity Co	25151	State Farm General Ins Co
56863	Providence Assoc of the Ukra	* 10352	SCPIE Indemnity Company	69108	State Farm Life Ins Co
24295	Providence Washington Ins Co	15563	SeaBright Ins Co	25178	State Farm Mutual Automobile Ins Co
68195	Provident Life And Accident Ins Co	69914	Sears Life Ins Co	69116	State Life Ins Co
79227	Pruco Life Ins Co	37923	Seaworthy Ins Co	12831	State National Ins Co, Inc
86630	Prudential Annuities Life Assur Corp	22543	Secura Ins, A Mutual Co	77399	Sterling Life Ins Co
68241	Prudential Ins Co Of Amer	10239	SECURA Supreme Ins Co	50121	Stewart Title Guaranty Co
93629	Prudential Retirement Ins and Annuity Co	10054	Securian Casualty Co	10952	Stonebridge Casualty Ins Co
15059	Public Service Mutual Ins Co	93742	Securian Life Ins Co	65021	Stonebridge Life Ins Co
35157	Putnam Reins Co	68675	Security Benefit Life Ins Co	22276	Stonewall Ins Co
29807	PXRE Reins Co	68721	Security Life Ins Co Of Amer	10340	Stonington Ins Co
68284	Pyramid Life Ins Co	68713	Security Life Of Denver Ins Co	40436	Stratford Ins Co
39217	QBE Ins Corp	68772	Security Mutual Life Ins Co Of NY	11024	Strathmore Ins Co
10219	QBE Reins Corp	19879	Security National Ins Co	10130	SU Ins Co
23752	Quanta Indemnity Co	69485	Security National Life Ins Co	39187	Suecia Ins co
10344	R.V.I. America Ins Co	63541	SeeChange Health Ins Co	80926	Sun Life and Health Ins Co
23132	R.V.I. Nat'l Ins Co	22233	Select Ins Co	80802	Sun Life Assurance Co Of Canada
36250	Radian Asset Assurance, Inc	12572	Selective Ins Co Of Amer	79065	Sun Life Assurance Co of Canada (US)
33790	Radian Guaranty, Inc	13730	Selective Ins Co Of NY	60941	SunAmerica Annuity & Life Assur Co
38512	Rampart Ins Co	19259	Selective Ins Co Of SC	69256	Sunamerica Life Ins Co
70211	Reassure Amer Life Ins Co	39926	Selective Ins Co Of the Southeast	69272	Sunset Life Ins Co Of Amer
24449	Regent Ins Co	26301	Selective Way Ins Co	58181	Supremem Council of the Royal Arcanum
68357	Reliable Life Ins Co	10936	Seneca Ins Co	10916	SureTec Ins Co
68381	Reliance Standard Life Ins Co	78662	Senior Life Ins Co	69310	Surety Life Ins Co
61360	Reliastar Bankers Sec Life Ins Co OF NY	11000	Sentinel Ins Co, Ltd	82627	Swiss RE Life & Health Amer, Inc
67105	Reliastar Life Ins Co	12870	Senruiity Cas Co	25364	Swiss Reins Amer Corp
61700	Renaissance Life & Health Ins Co of America	28460	Sentry Casualty Co	68608	Symetra Life Ins Co
* 14033	Renaissance Reinsurance Ltd.	24988	Sentry Ins, A Mutual Co	90581	Symetra National Life Ins Co
22179	Republic Indemnity Co Of Amer	68810	Sentry Life Ins Co	* 13666	Syncora Capital Assurance, Inc
43753	Republic Indemnity Co Of CA	21180	Sentry Select Ins Co	12866	T.H.E. Ins Co
28452	Republic Mortgage Ins Co	22985	Sequoia Ins Co	69345	Teachers Ins & Annuity Assoc Of Amer
32174	Republic Mortgage Ins Co of FL	56936	Serb National Federation	22683	Teachers Ins Co
31275	Republic Mortgage Ins Co of NC	36560	Service Ins Co	42376	Technology Ins Co, Inc
12475	Republic-Franklin Ins Co	97241	Settlers Life Ins Co	69396	Texas Life Ins Co
31089	Repwest Ins Co	11347	SFM Mutual Ins Co	56014	Thrivent Financial For Lutherans
68462	Reserve National Ins Co	26557	Shelter Reins Co	97721	Thrivent Life Ins Co
61506	Resource Life Ins Co	12575	SilverScript Ins Co	60142	TIAA-CREF Life Ins Co
26050	Response Worldwide Ins Co	38776	Sirius America Insurance Co.	25534	TIG Ins Co
12471	Retailers Mut Ins Co	57193	Slovak Catholic Sokol	69477	Time Ins Co
93572	RGA Reins Co	57207	Slovak Gymnastic Union Sokol Of The US	13242	Titan Indemnity Co
34509	Rider Ins Co	57673	Slovene National Benefit Society	36269	Titan Ins Co
36684	Riverport Ins Co	15261	Society Ins, A Mutual Co	50504	Title Ins Co Of OR
65005	RiverSource Life Ins Co	38997	Sompo Japan Fire & Marine Ins Co	32301	TNUS Ins Co
28860	RLI Indemnity Co	11126	Sompo Japan Ins Co of Amer	42439	Toa Rein Co Of Amer (The)
13056	RLI Ins Co	37141	Southern General Ins Co	12904	Tokio Marine & Nichido Fire Ins Co Ltd
42706	Roche Surety & Casualty Co, Inc	19216	Southern Ins Co	25496	Torus Nat'l Ins Co
35505	Rockwood Cas Ins Co	30457	Southern Michigan Ins Co	44300	Tower Ins Co of NY
57657	Royal Neighbors Of Amer	10190	Southern-Owners Ins Co	37621	Toyota Motor Ins Co
22314	RSUI Indemnity Co	12294	Southwest Marine & Gen Ins Co	41238	Trans Pacific Ins Co
39039	Rural Community Ins Co	20613	SPARTA Ins Co	69566	Trans World Assurance Co
60183	S.USA Life Ins Co, Inc	24767	St. Paul Fire And Marine Ins Co	79022	Transamerica Advisors Life Ins Co
24740	Safeco Ins Co Of Amer	24775	St. Paul Guardian Ins Co	70688	Transamerica Financial Life Ins Co
39012	Safeco Ins Co Of IL	41750	St. Paul Medical Liability Ins Co	86231	Transamerica Life Ins co
11123	Safety First Ins Co	24791	St. Paul Mercury Ins Co	19453	Transatlantic Reins Co
15105	Safety National Casualty Corp	19224	St. Paul Protective Ins Co	28886	Transguard Ins Co Of Amer
12521	Safeway Ins Co	19070	Standard Fire Ins Co	20494	Transportation Ins Co

\* - Recognized Trusteed or Accredited Reinsurer

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# Companies for which Reinsurance Credits are Allowed

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NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
28188	TravCo Ins Co	10226	Unitrin Direct Ins Co	79987	World Corp Ins Co
31194	Travelers Casualty & Surety Co Of Amer	10915	Unitrin Direct Prop & Cas Co	70629	World Ins Co
19038	Travelers Casualty and Surety Co	25909	Unitrin Preferred Ins Co	20273	WRM America Indemnity Co, Inc
36170	Travelers Casualty Co Of CT	40843	Universal Underwriters Of TX Ins Co	24554	XL Ins America, Inc
19046	Travelers Casualty Ins Co of Amer	32867	Universal Fire & Casualty Ins Co	40193	XL Ins Co Of New York, Inc
40282	Travelers Commercial Casualty Co	25933	Universal Surety Co	88080	XL Life Ins & Annuity Co
36137	Travelers Commerical Ins Co	13200	Universal Surety Of Amer	20583	XL Reins Amer, Inc
27998	Travelers Home & Marine Ins Co	41181	Universal Underwriters Ins Co	37885	XL Specialty Ins Co
25658	Travelers Indemnity Co	70173	Universal Underwriters Life Ins Co	26220	Yosemite Ins Co
25666	Travelers Indemnity Co Of Amer	62235	UNUM Life Ins Co Of Amer	30325	Zale Indemnity Co
25682	Travelers Indemnity Co Of CT	25887	US Fidelity & Guaranty Co	71323	Zale Life Ins Co
36145	Travelers Personal Security Ins Co	84530	US Financial Life Ins Co	13269	Zenith Ins Co
25674	Travelers Prop Casualty Co of Amer	21113	US Fire Ins Co	27855	Zurich Amer Ins Co Of IL
36161	Travelers Property Casualty Ins Co	97772	US Health and Life Ins Co	90557	Zurich Amer Life Ins Co
56006	Travelers Protective Assoc Of Amer	25895	US Liability Ins Co	16535	Zurich American Ins Co
34894	Trenwick Amer Reins Corp	70106	US Life Ins Co In The City Of NY		
24350	Triad Guaranty Ins Corp	29599	US Specialty Ins Co		
19887	Trinity Universal Ins Co	70955	USA Life One Ins Co Of IN		
31003	Tri-State Ins Co Of MN	25968	USAA Casualty Ins Co		
41211	Triton Ins Co	72613	USAA Direct Life Ins Co		
92525	TruAssure Ins Co	18600	USAA General Indemnity Co		
21709	Truck Ins Exchange	69663	USAA Life Ins Co		
27120	Trumbull Ins Co	94358	Usable Life		
61425	Trustmark Ins Co	25976	Utica Mutual Ins Co		
62863	Trustmark Life Ins Co	26611	Valiant Ins Co		
* 37982	Tudor Ins Co	20508	Valley Forge Ins Co		
29459	Twin City Fire Ins Co	21172	Vanliner Ins Co		
67423	UBS Life Ins Co USA	68632	Vantis Life Ins Co		
57215	Ukrainian National Assoc	70238	Variable Annuity Life Ins Co		
37893	ULLICO Casualty Co	10815	Vertan Fire Ins Co		
41050	Underwriter For the Professions Ins Co	20397	Vigilant Ins Co		
80314	Unicare Life & Health Ins Co	40827	Virginia Surety Co, Inc		
11121	Unified Life Ins Co	39616	Vision Service Plan Ins Co		
91529	Unimerica Ins Co	84549	Vista Life Ins Co		
69701	Union Bankers Ins Co	26085	Warner Ins Co		
80837	Union Central Life Ins Co	32778	Washington International Ins Co		
62596	Union Fidelity Life Ins Co	70319	Washington National Ins Co		
25844	Union Ins Co	26069	Wausau Business Ins Co		
69744	Union Labor Life Ins Co	26042	Wausau Underwriters Ins Co		
70408	Union Security Ins Co	83445	Wellcare Health Ins Of AZ, Inc		
* 10292	UnionAmerica Ins Co Ltd	10155	WellcarePrescription Ins, Inc		
36048	Unione Italiana Reins Co Of Amer	25011	Wesco Ins Co		
92916	United Amer Ins Co	44393	West Amer Ins Co		
11142	United Casualty Ins Co Of Amer	15350	West Bend Mutual Ins Co		
85766	United Concordia Ins Co	70335	West Coast Life Ins Co		
11770	United Financial Casualty Co	10030	Westchester Fire Ins Co		
13021	United Fire & Casualty Co	27871	Western Agricultural Ins Co		
51624	United General Title Ins Co	70483	Western And Southern Life Ins Co		
26999	United Guaranty Commercial Ins Co	58017	Western Fraternal Life Assoc		
16659	United Guaranty Commercial Ins Co of NC	27502	Western General Ins Co		
15873	United Guaranty Residential Ins Co	70432	Western Nat'l Life Ins Co		
16667	United Guaranty Residential Ins Of NC	91413	Western Reserve Life Assurance Co Of OH		
63983	United Heritage Life Ins Co	13188	Western Surety Co		
69922	United Home Life Ins Co	* 13196	Western World Ins Co		
69930	United Ins Co Of Amer	92622	Western-Southern Life Assurance Co		
94099	United Investors Life Ins Co	24112	Westfield Ins Co		
69973	United Life Ins Co	24120	Westfield National Ins Co		
11445	United National Casualty Ins Co	39845	Westport Ins Corp		
* 13064	United National Ins Co	11932	White Pines Insurance Company		
41335	United National Specialty Ins Co	53139	WI Physicians Serv Ins Corp		
69868	United Of Omaha Life Ins Co	57010	William Penn Assoc		
42129	United Security Assurance Co of PA	25780	Williamsburg National Ins Co		
25941	United Services Automobile Assoc	60704	Wilton Reass Life Co of NY		
63479	United Teacher Associates Ins Co	66133	Wilton Reassur Co		
29157	United Wisconsin Ins Co	15407	Wolverine Mutual Ins Co		
72850	United World Life Ins Co	56170	Woman's Life Ins Soc		
79413	UnitedHealthcare Ins Co	57320	Woodmen Of The World Life Ins Society		
16063	Unitrin Auto & Home Ins Co	31232	Work First Casualty Co		

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