

**PROPERTY & CASUALTY INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: MICHIGAN Filings Made During the Year 2009**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	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
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	A-K, M
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	A-K, M, U
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	11	Actuarial Opinion Summary	0	N/A	0	3/15	Company	A-K
	12	Combined Insurance Expense Exhibit	xxx	EO	xxx	5/1	NAIC	A-K, M
	13	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	14	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	A-K
	15	Financial Guaranty Insurance Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	16	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	17	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	18	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	19	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K
	20	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	21	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	22	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	A-K, M
	23	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	A-K
	24	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	A-K
	25	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A-K
	26	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	27	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	A-K
	28	Supplement A to Schedule T	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	29	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	30	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	44	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	A-K, M
	45	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	A-K, M
	46	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	47	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	48	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	49	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	50	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, O
	62	Audited Financial Statements	1	EO	xxx	6/1	Company	A-K, O
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	64	Independent CPA	1	N/A	N/A	6/1	Company	A-K, O
	65	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, Q
	67	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R
	68	Request to File Consolidated Audited Annual Statements	1	N/A	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	Filings Checklist (with Column 1 completed)	xxx	0			State	A-K
	104	Premium tax		0		SEE NOTE	State	D

105	State Filing Fees		0		SEE NOTE	State	C
106	Signed Jurat	0	0	0	SEE NOTE	State	L
107	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Regulation)	1	xxx	1	3/1	Company	A-K
108	Assessable Premium for Michigan Assigned Claims Facilities pursuant to P.A. 174 of 1974 – submission required by all property and casualty insurers except surplus lines insurers (send to Assigned Claims Facility of the Michigan Department of State)	1	xxx	1	3/1	State – FIS 0065	A-K
109	Assessable Premium Calculation for Michigan Basic Property pursuant to MCLA 500.2932 – submission required by all property and casualty insurers ( form available directly from the Michigan Basic Property Insurance Association (MBPIA) at the following link: <a href="http://www.mbpia.com/MISCFILES/MB_0116_MIBasic.pdf">http://www.mbpia.com/MISCFILES/MB_0116_MIBasic.pdf</a> The form can also be accessed on the MBPIA website (www.mbpia.com) by clicking on the Member Companies button from their home page.)	1	xxx	1	3/1	State – Mich. Basic Prop. Ins. Assoc.	A-K
110	ATPA Annual Assessment pursuant to P.A. 174 of 1992 – submission required by all auto insurers (send to Michigan Department of State Police)	1	xxx	1	3/31	State – FIS 0055	A-K
111	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	1	xxx	xxx	5/1	Company	A-K, S
112	MCCA Annual Assessment Report pursuant to MCLA 500.3104 – submission required by all property and casualty insurers (send to Michigan Catastrophic Claims Association)	1	xxx	1	8/15	State – FIS 0075	A-K
113	Municipal/Liquor Liability Report of Premiums and Losses for Michigan pursuant to MCLA 2409(b) – submission required by all property and casualty insurers (send to Policy Division of the Office of Financial & Insurance Regulation)	1	xxx	1	3/1	State – FIS 0118	A-K
114	Qualifying Assets under Section 901(1) of the Michigan Insurance Code	1	xxx	xxx	3/1	State – FIS 0076	A-K, T
115	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Regulation)	1	xxx	1	4/15	State- FIS 0318	A-K
116	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Regulation)	1	xxx	1	3/1	State – FIS 0322	A-K
117	Officer and Director Biographical Information	1	xxx	xxx	SEE NOTE	NAIC	A-K, V

**\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

**\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

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