

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 2009

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	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
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance	N/A	N/A	xxx	3/1	Company	A-K, M
	12	Actuarial Opinion on X-Factors	N/A	N/A	xxx	3/1	Company	A-K, M
	13	Actuarial Opinion on Separate Accounts Funding	N/A	N/A	xxx	3/1	Company	A-K, M
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	N/A	N/A	xxx	3/1	Company	A-K, M
	15	Credit Insurance Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	16	Interest Sensitive Life Insurance Products Report	N/A	N/A	xxx	4/1	NAIC	A-K, M
	17	Investment Risk Interrogatories	N/A	N/A	xxx	4/1	NAIC	A-K, M
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	N/A	N/A	xxx	4/1	NAIC	A-K, M
	20	Long Term Care Experience Reporting Forms	N/A	N/A	xxx	4/1	NAIC	A-K, M
	21	Management Discussion & Analysis	N/A	N/A	xxx	4/1	Company	A-K
	22	Medicare Supplement Insurance Experience Exhibit	N/A	N/A	xxx	3/1	NAIC	A-K, M
	23	Medicare Part D Coverage Supplement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	24	Reasonableness of Assumptions Certification	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	25	Reasonableness & Consistency of Assumptions Cert.	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	26	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	27	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	28	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	xxx	N/A	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
	29	Risk-Based Capital Report	N/A	N/A	N/A	3/1	NAIC	A-K
	30	RBC Certification required under C-3 Phase I	N/A	N/A	N/A	3/1	Company	A-K
	31	RBC Certification required under C-3 Phase II	N/A	N/A	N/A	3/1	Company	A-K
	32	Schedule SIS	N/A	N/A	N/A	3/1	NAIC	A-K, M
	33	Statement of Actuarial Opinion	N/A	N/A	xxx	3/1	Company	A-K
	34	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	N/A	N/A	xxx	3/1	Company	A-K, M
	35	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	xxx	N/A	xxx	3/1	Company	A-K, M
	36	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	A-K, M
	37	Supplemental Schedule O	N/A	N/A	xxx	3/1	NAIC	A-K, M
	38	Trusted Surplus Statement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	39	Workers' Compensation Carve Out Supplement	N/A	N/A	xxx	3/1	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	41	March .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	42	Risk-Based Capital Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	43	Risk-Based Capital .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	44	Separate Accounts Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	45	Separate Accounts .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	46	Supplemental Electronic Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	47	Supplemental .PDF Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	48	Quarterly Electronic Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M

49	Quarterly .PDF Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
50	June .PDF Filing	N/A	N/A	xxx	6/1	NAIC	A-K, M
IV. AUDITED FINANCIAL STATEMENTS							
61	Accountants Letter of Qualifications	N/A	N/A	N/A	6/1	Company	A-K, O
62	Audited Financial Statements	N/A	N/A	xxx	6/1	Company	A-K, O
63	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A-K
64	Independent CPA	N/A	N/A	N/A	6/1	Company	A-K, O
65	Notification of Adverse Financial Condition	N/A	N/A	1	SEE NOTE	Company	A-K, P
66	Report of Significant Deficiencies in Internal Controls	N/A	N/A	1	8/1	Company	A-K, Q
67	Request for Exemption to File	N/A	N/A	N/A	SEE NOTE	Company	A-K, R
V. STATE REQUIRED FILINGS							
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 (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Regulation)	N/A	N/A	1	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	3/1	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.**