

**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.**