

**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**

(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	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
	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	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
	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	N/A	4/1	Company	A-K
	33	Medicare Supplement Insurance Experience Exhibit	xxx	EO	N/A	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 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.