

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 2024

| (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 ½"x14") | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | N/A | N/A | xxx | 5/15, 8/15, 11/15 | NAIC | A-K, M |
| | 3 | Separate Accounts Annual Statement (8 ½"x14") | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 12 | Credit Insurance Experience Exhibit | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 13 | Health Supplement | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 14 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 15 | Long Term Care Experience Reporting Forms | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 16 | Management Discussion & Analysis | N/A | N/A | xxx | 4/1 | Company | A-K |
| | 17 | Market Conduct Annual Statement Premium Exhibit for Year | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 18 | Medicare Supplement Insurance Experience Exhibit | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 19 | Medicare Part D Coverage Supplement | N/A | N/A | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | A-K, M |
| | 20 | Risk-Based Capital Report | N/A | N/A | N/A | 3/1 | NAIC | A-K |
| | 21 | Schedule SIS | N/A | N/A | N/A | 3/1 | NAIC | A-K, M |
| | 22 | Supplemental Compensation Exhibit | N/A | N/A | N/A | 3/1 | NAIC | A-K, M |
| | 23 | Supplemental Health Care Exhibit (Part 1 and 2) | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 24 | Supplemental Investment Risk Interrogatories | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 25 | Supplemental Schedule O | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | 26 | Supplemental Term and Universal Life Insurance Reinsurance Exhibit | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| | 27 | Trusteed Surplus Statement | N/A | N/A | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | A-K, M |
| | 28 | Variable Annuities Supplement | N/A | EO | xxx | 4/1 | NAIC | A-K, M |
| | 29 | VM 20 Reserves Supplement | N/A | EO | xxx | 3/1 | NAIC | A-K, M |
| | 30 | Workers' Compensation Carve Out Supplement | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| | | Actuarial Related Items | | | | | | |
| | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 33 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | N/A | N/A | N/A | 4/30 | Company | A-K, M |
| | 34 | Actuarial Opinion | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 35 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 37 | Actuarial Opinion on X-Factors | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| | 39 | Request for Life PBR Exemption (if applicable) | EO | EO | xxx | Commissioner 7/1 NAIC 8/15 | Company | A-K, M |
| | 40 | Executive Summary of the PBR Actuarial Report | N/A | N/A | N/A | 4/1 | Company | A-K, M |
| | 41 | Life Summary of the PBR Actuarial Report | N/A | N/A | N/A | 4/1 | Company | A-K, M |
| | 42 | Variable Annuities Summary of the PBR Actuarial Report | N/A | N/A | N/A | 4/1 | Company | A-K, M |
| | 43 | PBR Actuarial Report (provide upon request) | N/A | N/A | N/A | | Company | A-K, M |
| | 44 | Regulatory Asset Adequacy Issues Summary (send to Office of Insurance Evaluation of the Department of Insurance and Financial Services) | N/A | N/A | xxx | 4/1 | Company | A-K |
| | 45 | 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 |

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|-----|--|-----|-----|-----|------------------------|---------|--------|
| 46 | 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 |
| 47 | 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 |
| 48 | 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 |
| 49 | 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 |
| 50 | RBC Certification required under C-3 Phase I | N/A | N/A | N/A | 3/1 | Company | A-K |
| 51 | RBC Certification required under C-3 Phase II | N/A | N/A | N/A | 3/1 | Company | A-K |
| 52 | Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3 | N/A | N/A | xxx | 3/1 | Company | A-K, M |
| 53 | Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1 & 2 | xxx | N/A | xxx | 3/1 | Company | A-K, M |
| | | | | | | | |
| | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| 60 | Annual Statement Electronic Filing | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| 61 | March .PDF Filing | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| 62 | Separate Accounts Electronic Filing | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| 63 | Separate Accounts .PDF Filing | N/A | N/A | xxx | 3/1 | NAIC | A-K, M |
| 64 | Supplemental Electronic Filing | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| 65 | Supplemental .PDF Filing | N/A | N/A | xxx | 4/1 | NAIC | A-K, M |
| 66 | Quarterly Electronic Filing | N/A | N/A | xxx | 5/15, 8/15, 11/15 | NAIC | A-K, M |
| 67 | Quarterly .PDF Filing | N/A | N/A | xxx | 5/15, 8/15, 11/15 | NAIC | A-K, M |
| 68 | June .PDF Filing | N/A | N/A | xxx | 6/1 | NAIC | A-K, M |
| | | | | | | | |
| | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| 81 | Accountants Letter of Qualifications | N/A | N/A | N/A | 6/1 | Company | A-K, O |
| 82 | Audited Financial Reports | N/A | N/A | xxx | 6/1 | Company | A-K, O |
| 83 | Audited Financial Statements Exemption Affidavit | N/A | N/A | N/A | 6/1 | Company | A-K |
| 84 | Communication of Internal Control Related Matters Noted in Audit | N/A | N/A | xxx | 8/1 | Company | A-K, Q |
| 85 | Independent CPA (change) | N/A | N/A | N/A | 6/1 | Company | A-K, O |
| 86 | Management's Report of Internal Control Over Financial Reporting | N/A | N/A | N/A | 8/1 | Company | A-K |
| 87 | Notification of Adverse Financial Condition | N/A | N/A | EO | SEE NOTE | Company | A-K, P |
| 88 | Request for Exemption to File | N/A | N/A | N/A | SEE NOTE | Company | A-K, R |
| 89 | Relief from the five-year rotation requirement for lead audit partner | N/A | N/A | N/A | 3/1 | Company | A-K |
| 90 | Relief from the one-year cooling off period for independent CPA | N/A | N/A | N/A | 3/1 | Company | A-K |
| 91 | Relief from the Requirements for Audit Committees | N/A | N/A | N/A | 3/1 | Company | A-K |
| | | | | | | | |
| | V. STATE REQUIRED FILINGS | | | | | | |
| 101 | Corporate Governance Annual Disclosure *** | N/A | 0 | N/A | SEE *** BELOW | Company | A-K |
| 102 | Filings Checklist (with Column 1 completed) | N/A | N/A | | | State | A-K |
| 103 | Form B-Holding Company Registration Statement | N/A | N/A | N/A | 5/1 | Company | A-K, S |
| 104 | Form F-Enterprise Risk Report (per Section 1325a of the Michigan Insurance Code) **** | N/A | N/A | N/A | 5/1 | Company | A-K, S |
| 105 | ORSA (This filing is intended to be submitted to the lead state if filed at the insurance group level. See Chapter 17 of the Michigan Insurance Code.) ***** | N/A | 0 | N/A | SEE ***** BELOW | Company | A-K |
| 106 | Premium Tax | N/A | N/A | | SEE NOTE | State | D |
| 107 | State Filing Fees | N/A | N/A | | SEE NOTE | State | C |
| 108 | Signed Jurat | N/A | N/A | 0 | SEE NOTE | NAIC | L |
| 109 | Group Capital Calculation (File with lead state only) | N/A | N/A | N/A | 5/1 | Company | A-K, S |
| 110 | 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 |
| 111 | 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 | EO | When available | Company | A-K |

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|--|-----|--|-----|-----|----|------|----------------|-----|
| | 112 | Complaint and Grievance Summary for Health Carriers (File Via SERFF) | N/A | N/A | EO | 4/15 | State-FIS 0318 | A-K |
| | 113 | Michigan Health Insurance Enrollment, Premiums and Losses (Companies should note that beginning with the 2015 reporting year, the FIS 0322 must be submitted electronically to DIFS. The submission website address, along with an authentication code and more detailed instructions, will be sent to the Statutory Statement Contact on or before March 1) | N/A | N/A | EO | 4/1 | State-FIS 0322 | 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.**

*****For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm. Michigan has adopted the NAIC Corporate Governance Annual Disclosure Model Act through Public Act 520 of 2018 effective January 1, 2020.**

******For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**

*******For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm. ORSA filings are required in Michigan starting in 2018.**