

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 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 1/2"x14")	EO	EO	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E29) @	EO	EO	xxx	3/1	NAIC	A-K, M
	1.2	Annual Statement of Total Business (OSFI)	EO	EO	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	EO	EO	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	12	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	13	Health Supplement	EO	EO	xxx	3/1	NAIC	A-K, M
	14	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	xxx	EO	xxx	4/1	NAIC	A-K, M
	15	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	16	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A-K
	17	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	xxx	3/1	NAIC	A-K, M
	18	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	19	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	20	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A-K
	21	Schedule SIS	EO	N/A	N/A	3/1	NAIC	A-K, M
	22	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A-K, M
	23	Supplemental Health Care Exhibit (Part 1 and2)	EO	EO	xxx	4/1	NAIC	A-K, M
	24	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A-K, M
	25	Supplemental Schedule O	EO	EO	xxx	3/1	NAIC	A-K, M
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	27	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	28	Variable Annuities Supplement	EO	EO	xxx	4/1	NAIC	A-K, M
	29	VM 20 Reserves Supplement	EO	EO	xxx	3/1	NAIC	A-K, M
	30	Workers' Compensation Carve Out Supplement	EO	EO	xxx	3/1	NAIC	A-K, M
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred Class Table	EO	EO	xxx	3/1	Company	A-K, M
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	EO	EO	xxx	3/1	Company	A-K, M
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	EO	N/A	N/A	4/30	Company	A-K, M
	34	Actuarial Opinion	EO	EO	xxx	3/1	Company	A-K, M
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	xxx	3/1	Company	A-K, M
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	xxx	3/1	Company	A-K, M
	37	Actuarial Opinion on X-Factors	EO	EO	xxx	3/1	Company	A-K, M
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	EO	EO	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	EO	N/A	N/A	4/1	Company	A-K, M
	41	Life Summary of the PBR Actuarial Report	EO	N/A	N/A	4/1	Company	A-K, M
	42	Variable Annuities Summary of the PBR Actuarial Report	EO	N/A	N/A	4/1	Company	A-K, M
	43	PBR Actuarial Report (provide upon request)	EO	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)	EO	N/A	xxx	4/1	Company	A-K

45	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
46	Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV	xxx	EO	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)	EO	EO	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)	EO	EO	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	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
50	RBC Certification required under C-3 Phase I	EO	EO	xxx	3/1	Company	A-K
51	RBC Certification required under C-3 Phase II	EO	EO	xxx	3/1	Company	A-K
52	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	xxx	EO	xxx	3/1	Company	A-K, M
53	Statement on participating/non-participating policies – Exhibit 5 Interrogatory #1 & 2	xxx	EO	xxx	3/1	Company	A-K, M
	III. ELECTRONIC FILING REQUIREMENTS						
61	Annual Statement Electronic Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
62	March .PDF Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
65	Separate Accounts Electronic Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
66	Separate Accounts .PDF Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
67	Supplemental Electronic Filing	xxx	EO	N/A	4/1	NAIC	A-K, M
68	Supplemental .PDF Filing	xxx	EO	N/A	4/1	NAIC	A-K, M
69	Quarterly Statement Electronic Filing	xxx	EO	N/A	5/15, 8/15, 11/15	NAIC	A-K, M
70	Quarterly .PDF Filing	xxx	EO	N/A	5/15, 8/15, 11/15	NAIC	A-K, M
71	June .PDF Filing	xxx	EO	N/A	6/1	NAIC	A-K, M
	IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	A-K, O
82	Audited Financial Reports (OSFI 54)	EO	EO	xxx	6/1	Company	A-K, O
83	Audited Financial Statements Exemption Affidavit	EO	N/A	N/A	6/1	Company	A-K
84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	A-K, Q
85	Independent CPA (change)	EO	N/A	N/A	6/1	Company	A-K, O
86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	A-K
87	Notification of Adverse Financial Condition	EO	N/A	N/A	SEE NOTE	Company	A-K, P
88	Request for Exemption to File	EO	N/A	N/A	SEE NOTE	Company	A-K, R
89	Relief from the five-year rotation requirement for lead audit partner	EO	EO	xxx	3/1	Company	A-K
90	Relief from the one-year cooling off period for independent CPA	EO	EO	xxx	3/1	Company	A-K
91	Relief from the Requirements for Audit Committees	EO	EO	xxx	3/1	Company	A-K
	V. STATE REQUIRED FILINGS						
101	Corporate Governance Annual Disclosure ***	EO	0	N/A	6/1	Company	A-K
102	Filings Checklist (with Column 1 completed)	xxx	0	N/A		State	A-K
103	Form B-Holding Company Registration Statement	EO	0	N/A	5/1	Company	A-K, S
104	Form F-Enterprise Risk Report (per Section 1325a of the Michigan Insurance Code) ****	EO	0	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.) *****	EO	0	N/A	SEE ***** BELOW	Company	A-K
106	Premium Tax		xxx	N/A	SEE NOTE	State	D
107	State Filing Fees		xxx	N/A	SEE NOTE	State	C
108	Signed Jurat	1	N/A	N/A	SEE NOTE	NAIC	L
109	Group Capital Calculation (File with lead state only)	EO	0	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.	EO	NA	N/A	3/1	Company	A-K
111	Certification directly from Trustee of Deposits Held pursuant to Section 411(4) of the Michigan Insurance Code	EO	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	A-K
112	Company's detailed listing of trusteed assets and related reconciliation	EO	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	A-K
113	Valuation of Section 411 Trusteed Assets under Section 901 of the Michigan Insurance Code	EO	N/A	N/A	3/1	State – FIS 0063	A-K, T
114	Complaint and Grievance Summary for Health Carriers (File Via SERFF)	EO	N/A	N/A	4/15	State-FIS 0318	A-K

115	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)	EO	N/A	N/A	4/1	State-FIS 0322	A-K
116	Michigan Insurance Data Security Law – 500.555(9). Form FIS 2360: Information Security Program Annual Certification or Form FIS 2378: Domestic Insurer Exemption Certification	EO	0	N/A	2/15	State – FIS 2360 or FIS 2378	A-K, V
117	Officer and Director Biographical Information	EO	N/A	N/A	SEE NOTE	NAIC	A-K, U

***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.**

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