

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN Filings Made During the Year 2017

(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")	1	EO	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E27) @	1	EO	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x 14")	1	EO	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	12	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	NAIC	A-K, M
	13	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	NAIC	A-K, M
	14	Interest Sensitive Life Insurance Products Report	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	1	EO	xxx	4/1	Company	A-K
	17	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	18	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	19	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A-K, M
	20	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	21	Supplemental Health Care Exhibit (Part 1, 2 and 3)	1	EO	xxx	4/1	NAIC	A-K, M
	22	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	A-K, M
	23	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	24	XXX/AXXX Reinsurance Exhibit	1	EO	xxx	4/1	NAIC	A-K, M
	25	Trusteed Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		Actuarial Related Items						
	26	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	Company	A-K, M
	27	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	A-K, M
	28	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	29	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	30	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	N/A	4/30	Company	A-K, M
	31	Actuarial Opinion	1	EO	xxx	3/1	Company	A-K, M
	32	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	A-K, M
	33	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	A-K, M
	34	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	A-K, M
	35	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	Company	A-K, M
	36	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M
	37	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	1	EO	xxx	3/1	Company	A-K, M

38	Regulatory Asset Adequacy Issues Summary – as required per Admin. Rule 500.996 (send to Office of Insurance Evaluation of the Department of Insurance and Financial Services)	1	N/A	xxx	3/15	Company	A-K
39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
40	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
41	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
42	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	A-K, M
43	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
44	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	A-K
45	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	A-K
46	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	xxx	EO	xxx	3/1	Company	A-K, M
47	Statement on participating/non-participating policies – Exhibit 5 Interr. #1.& 2	xxx	EO	xxx	3/1	Company	A-K, M
	III. ELECTRONIC FILING REQUIREMENTS						
61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	A-K, M
62	March .PDF Filing	xxx	EO	xxx	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	xxx	3/1	NAIC	A-K, M
66	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	A-K, M
67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	A-K, M
68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	A-K, M
69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	A-K, M
	IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A-K, O
82	Audited Financial Reports	1	EO	xxx	6/1	Company	A-K, O
83	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
84	Communication of Internal Control Related Matters Noted in Audit (Please note that foreign companies should submit a clean PDF electronically to DIFS-InternalControlRelated@michigan.gov)	1	N/A	1	8/1	Company	A-K, Q
85	Independent CPA (change)	1	N/A	N/A	6/1	Company	A-K, O
86	Management’s Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A-K
87	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
88	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R
89	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	A-K
90	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	A-K
91	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	A-K
	V. STATE REQUIRED FILINGS***						
101	Certificate of Compliance	N/A	0	N/A	3/1	State	A-K
102	Certificate of Deposit	N/A	0	N/A	3/1	State	A-K
103	Certificate of Valuation (foreign companies do not need to file Certificate of Valuation with DIFS, but should have it available upon request)	N/A	0	0	7/1	State	A-K
104	Filings Checklist (with Column 1 completed)	N/A	0			State	
105	Form B-Holding Company Registration Statement	1	0	N/A	5/1	Company	A-K, S

106	Form F-Enterprise Risk Report (per Section 1325a of the Michigan Insurance Code) ***	1	0	N/A	5/1	Company	A-K, S
107	ORSA (For those insurers filing early. ORSA filings will be required in Michigan starting in 2018. See Chapter 17 of the Michigan Insurance Code.) ****		0		SEE **** BELOW	Company	A-K
108	Premium Tax		0		SEE NOTE	State	D
109	State Filing Fees		0		SEE NOTE	State	C
110	Signed Jurat	0	0	0	SEE NOTE	NAIC	L
111	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	0	N/A	3/1	Company	A-K
112	Qualifying Assets Under Section 901(1) of the Michigan Insurance Code	1	0	N/A	3/1	State – FIS 0079	A-K, T
113	Complaint and Grievance Summary for Health Carriers (File Via SERFF)	EO	0	EO	4/15	State-FIS 0318	A-K
114	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	0	EO	4/1	State-FIS 0322	A-K
115	Officer and Director Biographical Information	1	0	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 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 updated 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. Consistent with the Form B filing requirements, 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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm. ORSA filings will be required in Michigan starting in 2018.

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