

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Georgia Filings Made During the Year 2010

(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	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x 14")	1	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding	1	EO	xxx	3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	15	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	16	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	17	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	21	Reasonableness of Assumptions Certification	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	22	Reasonableness & Consistency of Assumptions Cert.	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	23	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	26	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	
	27	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	
	28	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	
	29	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	
	30	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	1	EO	xxx	3/1	Company	
	31	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	1	EO	xxx	3/1		
	32	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	33	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	53	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	58	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Statements	1	EO	N/A	6/1	Company	
	73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	
	74	Independent CPA	1	N/A	N/A	6/1	Company	
	75	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	
	76	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	77	Request for Exemption to File	1	N/A	N/A	5/1	Company	
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	1	N/A	1	3/1	State	
	102	Certificate of Deposit	1	N/A	1	3/1	State	
	103	Certificate of Valuation	1	N/A	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	105	State Filing Fees	1	N/A	1	3/1	State	
	106	Signed Jurat	1	N/A	xxx	3/1	NAIC	
	107	List of General Officers	1	N/A	1	3/1	Company	
	108	GID- 4	1	N/A	1	3/1	State	
	109	GID- 10	1	N/A	1	3/1	State	
	110	GID- 11	1	N/A	1	3/1	State	
	111	Holding Company Registration Statement	1	N/A	xxx	4/30	State	

*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.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Bruce Williamson, Information and Referral Specialist Regulatory Services Division (404) 657-9205 bwilliamson@oci.ga.gov
B	Mailing Address (<u>only applicable for DOMESTIC Insurers</u>):	Georgia Department of Insurance Regulatory Services Division 2 Martin Luther King Jr., Drive West Tower, Suite 604, Atlanta, GA 30334
C	Mailing Address for Filing Fees (<u>only applicable for DOMESTIC Insurers</u>):	Same as item "B"
D	Mailing Address for Premium Tax Payments:	Georgia Department of Insurance Premium Tax Division 2 Martin Luther King Jr., Drive West Tower, Suite 916, Atlanta, GA 30334
E	Delivery Instructions for <u>DOMESTIC</u> Insurers:	All DOMESTIC annual statement and renewal filings including payment by check payable to the "Georgia Department of Insurance" must be mailed. The renewal fee is \$700. Acceptable delivery methods include U.S. Mail, FedEx, UPS, Airborne Express, etc. Our office will not accept hand deliveries. Each licensed company within a holding company system of multiple Georgia-licensed companies must file separate packets for each licensed company clearly marked with the licensed company name and NAIC number. In the event the office is closed on the due date, the filing is due the next business day.
F	Delivery Instructions for <u>FOREIGN</u> Insurers:	All FOREIGN Insurers must submit annual renewal filings electronically in "PDF" format via the "Company Portal" and pay the \$700 renewal fee electronically. Each Insurer already has one or more individuals that have been designated as the "Company Portal" account manager(s). To search for your "Company Portal" account manager(s) go to the "Company Portal" link located within the "Insurers Home" section of the Department's Home Page (www.gainsurance.org) and follow instructions. The renewal package is available thru the "Company Portal" or within the "Insurers Home" section of the Department's website (more specifically, the "Insurer Renewal Instructions and Forms" area). Once you print the appropriate file of renewal documents, complete all documents within that single file including all necessary signatures, notarizations and attachment(s). Once all the renewal documents are completed, scan all documents into a single "PDF" file and upload the file in the "Annual Renewal" section of the "Company Portal". Payment of renewal fee is a bank to bank transaction accomplished thru an electronic funds transfer outside of the "Company Portal". The Department's banking information for the electronic funds transfer is confidential. To have access to the Department's banking information each company will submit via "Company Portal" an "Official EFT Request" by February 1, 2010. Instructions for the "Official EFT Request" can be found within the "Company Portal" in the "Go to: Official EFT Request" web page. Instructions will direct you to a form that you need to fill out, scan in a "PDF" format and upload the scanned file to the "Official EFT Request" section of the "Company Portal". We will review your request and notify you of the results of the review. Finally, once authorized to use the Department's banking information and payment of renewal fees have occurred, the scanned "PDF" file of the funds transfer confirmation is required to be uploaded thru the "Company Portal" for proof of payment. <u>Paper filings will not be accepted.</u>
G	Late Filings:	Filings are due in our office on the date indicated. Late or incomplete filings may be subject to administrative action including fines. (Reg 120-2-18-11)
H	Original Signatures:	All Filings shall have original signatures from the appropriate individuals. If you are a FOREIGN Insurer filing electronically the scanned file of documents

		with original signatures is acceptable.
I	Signature/Notarization/Certification:	All appropriate shall be signed, notarized and/or certified. If you are a FOREIGN Insurer filing electronically the scanned file of documents with original signatures is acceptable.
J	Amended Filings:	Amended filings shall be submitted to the appropriate division of the department as soon as the amendment(s) become available.
K	Exceptions from normal filings:	All Life Companies, if applicable, the Listing of Exempt filings, per GA Reg. §120-2-25-.04, and/or the Small Group Pooling Certification, per GA Reg. §120-2-10-.12(9) should be sent to the Life & Health Division, Rm. 902, Attn: Tom Carswell. Life and/or Accident Sickness Advertising Certificates, per GA Regs. §120-2-11-.11 and 120-2-12-.19 should be sent to the Life & Health Division, Rm. 902, Attn: Tom Carswell with a fee of \$25 per filing.
L	Bar Codes (State or NAIC):	N/A
M	Signed Jurat:	Required for Domestic Only
N	NONE Filings:	N/A
O	Filings new, discontinued or modified materially since last year:	The "Delivery Instructions for FOREIGN Insurers" (Item F above) is a new procedure. For item 107, a statement of names and personal addresses of all general officers of the Company on Company Letterhead is acceptable.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on its website). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL



SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING JR. DR.
ATLANTA, GA 30334
(404) 656-2056 TDD#(404) 656-4031

Rev No: 11/01

Form No: GID-10

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF GEORGIA:

_____ (name of company)

OF _____ (city, state, zip code)

INCORPORATED UNDER

_____ (title of act)

ON _____ (date of incorporation) FOR A PERIOD OF _____ YEARS,

BY ITS PRESIDENT AND SECRETARY HEREBY MAKES APPLICATION TO RENEW ITS CURRENT CERTIFICATE OF AUTHORITY IN THE STATE OF GEORGIA THAT NOW AUTHORIZES IT TO WRITE:

_____ (insert classes exactly as shown in the license now held)

FOR LICENSE YEAR ENDING JUNE 30, 20 _____, AND DECLARES:

THAT THERE HAS BEEN NO CHANGE IN ITS CORPORATE STRUCTURE SINCE LAST RENEWAL OF CERTIFICATE, EXCEPT AS FOLLOWS:

THAT SUBMITTED HERewith ARE ALL DOCUMENTS AND INFORMATION AS REQUIRED IN THE GEORGIA INSURANCE DEPARTMENT'S "INSTRUCTIONS FOR THE ANNUAL RENEWAL OF CERTIFICATE OF AUTHORITY" (FORM GID-9);

THAT APPLICANT WILL FURNISH SUCH ADDITIONAL INFORMATION AS MAY BE CALLED FOR BY THE COMMISSIONER OF INSURANCE;

THAT IT IS UNDERSTOOD THAT THE CERTIFICATE HEREBY APPLIED FOR, IF GRANTED, WILL EXPIRE JUNE 30TH FOLLOWING THE DATE OF ITS ISSUE AND THAT APPLICANT MAY NOT TRANSACT ANY BUSINESS IN THE STATE OF GEORGIA WITHOUT RENEWING THE SAME, EXCEPT AS OTHERWISE AUTHORIZED BY LAW.

IN WITNESS WHEREOF, THE SAID COMPANY HAS TO THE PRESENTS AFFIXED ITS CORPORATE NAME AND SEAL AND CAUSED THE SAME TO BE SUBSCRIBED BY ITS PRESIDENT, AT THE CITY OF

_____ IN THE STATE OF _____ ON THE _____ DAY OF _____, 20 _____.

(President)

Attest:

(Secretary)

S E A L

FILE ORIGINAL AND 1 COPY OF THIS FORM

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL



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Rev No: 11/01

Form No: GID-4

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPOINTMENT OF COMMISSIONER AS ATTORNEY-IN-FACT BY INSURER

KNOW ALL MEN BY THESE PRESENTS, That the _____
Insurance Company of _____ State of _____
does hereby irrevocably make, constitute and appoint THE INSURANCE COMMISSIONER OF GEORGIA Mail address
716 WEST TOWER, ATLANTA, GEORGIA 30334 State of Georgia, its true and lawful Attorney in and for the State of
Georgia, on whom all process of law, whether mesne or final, against said Company may be served in any action or special
proceedings against said Company, in the State of Georgia, subject to and in accordance with all the provisions of the statutes
and laws of said State of Georgia, now in force, and such other Acts as may be hereafter passed amendatory thereof and
supplementary thereto; and the said Attorney is duly authorized and empowered as the Agent of said Company to receive and
accept service of process in all cases as provided by the laws of the State of Georgia, and such service shall be deemed valid
personal service upon said Company.

(SEAL)

President _____

Secretary _____

STATE OF _____

County of _____

BE IT REMEMBERED, That on the _____ day of _____, 20 ____, before me personally appeared
_____, President of the above named Corporation, who being duly
sworn, deposes and says that he was personally present at the execution of the above Power of Attorney, and saw the Common

Seal of the said Corporation of the _____ Insurance Company
duly fixed thereto, and that the above Power of Attorney was duly signed, sealed and delivered by, as and for the Act and Deed
of the said _____ Insurance Company, for the
uses and purposes therein mentioned, and that the name of this deponent subscribed to said Power of Attorney, as President of
said Corporation, is of this deponent's own handwriting and that the name of _____
subscribed to said Power of Attorney as Secretary of said Corporation in attestation of the due execution and delivery of said
Power of Attorney is of his own proper handwriting.

Sworn to and subscribed before me, this _____ day of _____, 20____.

KNOW ALL MEN BY THESE PRESENTS, That the said

Insurance Company does hereby designate _____

Mail address _____

as the person to whom process against it served upon the Commissioner of Insurance of the State of Georgia is to
be forwarded, the designation and filing hereof made in compliance with provisions of Georgia statutes.

This _____ day of _____, 20____.

By _____ Title _____

By _____ Title _____

By _____ Title _____

ATTEST:

Its Secretary

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL



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OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

IMPORTANT NOTICE

TO: ALL COMPANIES AUTHORIZED TO TRANSACT INSURANCE IN THE STATE OF GEORGIA

RE: FORM GID-11 "INSURANCE COMPANY'S ANNUAL STATEMENT FOR PUBLICATION"

Due to the large number of companies which have, in the past, failed to comply with instructions relating to the Form GID-11, please notice the **"NOTE"** at the bottom of the form which specifically requires that a copy of the published statement contained in a Georgia newspaper, and date of issue be attached to the FORM GID-11.

Company officials responsible for supervising the completion of the annual statement and accompanying forms should make a special effort to ensure that Form GID-11 is submitted to this **OFFICE ONLY WHEN PROPERLY COMPLETED AND WITH THE NEWSPAPER CLIPPING ATTACHED TO THE FORM.**

(Please cut clipping from newspaper and tape to lower left corner).

NOTE: IF THE GID-11 FORM IS RECEIVED WITHOUT THE NEWSPAPER CLIPPING ATTACHED, IT WILL BE DISCARDED AND EACH COMPANY WILL BE RESPONSIBLE FOR FILING THE FORM AS REQUESTED.



Rev No: 11/01

Form No: GID-11

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

INSURANCE COMPANY'S ANNUAL STATEMENT FOR PUBLICATION

For the Year Ending _____ 20__

Kind of Insurance _____
Of the condition of the _____ Insurance Company
of _____ Organized under the laws of the State of _____
made to the Insurance Commissioner of the State of Georgia in pursuance to the laws of said State.

Principal Office Location:

(Street Address, City, State, Zip Code)
Total Assets: (Actual Cash Market Value) \$ _____
Liabilities: Cash Capital paid up \$ _____
Surplus over All Liabilities \$ _____
Total Liabilities \$ _____
Income 12 Months 20 \$ _____
Disbursements 12 Months 20 \$ _____

A copy of the Act of Incorporation, duly certified, is in the Office of the Insurance and Safety Fire Commissioner.

STATE of _____
COUNTY of _____

_____ Personally appeared before the undersigned who being duly
Sworn, deposes and says that he is the _____ of
_____ and that the foregoing statement is correct and true.

By _____ Sworn to and subscribed before me on this,
the _____ day of _____ 20__.

Notary Public

NOTE - - The above affidavit may be made by the Chief Officer of the Company, or Agent residing in this State Attention is called to the extract which follows from the Act of the General Assembly of the State of Georgia, entitles "Georgia Insurance Code of 1960," approved March 8, 1960:

" At the time of filing such statement with the Insurance and Safety Fire Commissioner, each company shall publish at its own expense in a newspaper of general circulation published in this State a copy of the statement in short form showing income, assets, expenditures, and liabilities in gross, as of December 31, preceding, to be sworn to by the officer or agent making the same."

NOTE - - This statement will not be considered as filed with the Insurance and Safety Fire Commissioner until the published statement required by the above-cited act accompanies it.

IMPORTANT NOTICE: PLEASE ATTACH TO THIS FORM (WITH A SINGLE STAPLE) THE AFFIDAVIT OF PUBLICATION. THE AFFIDAVIT SHOULD CONTAIN THE NAME OF NEWSPAPER AND DATE OF ISSUE.