

FRATERNAL SOCIETIES

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

Contact: _____ **Telephone:** _____

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

| (1) Checklist | (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 | | | | |
| I. NAIC FINANCIAL STATEMENTS | | | | | | | | |
| | 1 | Annual Statement (8 ½"x14") | 1 | E/O | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 1 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"x 14") | 1 | EO | xxx | 3/1 | NAIC | |
| | | | | | xxx | | | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 12 | Analysis of Annuity Operations by Lines of Business | 1 | EO | xxx | 4/1 | NAIC | |
| | 13 | Analysis of Increase in Annuity Reserves During Year | 1 | EO | xxx | 4/1 | NAIC | |
| | 14 | Interest Sensitive Life Insurance Products Report | 1 | EO | xxx | 4/1 | NAIC | |
| | 15 | Long-Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | |
| | 16 | Management Discussion & Analysis | 1 | EO | | 4/1 | Company | |
| | 17 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 19 | Risk-Based Capital Report | 1 | EO | | 3/1 | NAIC | |
| | 20 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 21 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1 | EO | xxx | 4/1 | NAIC | |
| | 22 | Supplemental Health Care Exhibit's Allocation Report | 1 | EO | xxx | 4/1 | NAIC | |
| | 23 | Supplemental Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | |
| | 24 | Supplemental XXX/AXXX Reinsurance Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 25 | Trusted Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| Actuarial Related Items | | | | | | | | |
| | 26 | Actuarial Certification regarding use 2001 Preferred Class Table | 1 | EO | xxx | 3/1 | Company | |
| | 27 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 1 | EO | xxx | 3/1 | Company | |
| | 28 | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 29 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 30 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 1 | N/A | xxx | 4/30 | Company | |
| | 31 | Actuarial Opinion | 1 | EO | xxx | 3/1 | Company | |
| | 32 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 1 | EO | xxx | 3/1 | Company | |
| | 33 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 1 | EO | xxx | 3/1 | Company | |
| | 34 | Actuarial Opinion on X-Factors | 1 | EO | | 3/1 | Company | |
| | 35 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 1 | EO | xxx | 3/1 | Company | |
| | 36 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 37 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 38 | RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) | 1 | N/A | xxx | 3/15 | Company | |
| | 39 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |

| (1) Checklist | (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 | | | | |
| | 40 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 41 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 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 | |
| | 43 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | |
| | 44 | RBC Certification required under C-3 Phase I | 1 | EO | xxx | 3/1 | Company | |
| | 45 | RBC Certification required under C-3 Phase II | 1 | EO | xxx | 3/1 | Company | |
| | 46 | Statement on non-guaranteed elements – Exhibit 5 Int. #3 | 1 | EO | xxx | 3/1 | Company | |
| | 47 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2 | 1 | EO | xxx | 3/1 | Company | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 61 | Annual Statement Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 65 | Separate Accounts Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 66 | Separate Accounts .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15 & 11/15 | NAIC | |
| | 71 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | EO | N/A | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 12/31/2016 | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | 5 days from event | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | 5 days from event | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 12/31/2016 | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Filings Checklist (with Column 1 completed) | E/O | N/A | E/O | 3/1 | State | A-P |
| | 102 | Signed Jurat | 1 | N/A | N/A | 3/1 | NAIC | N |
| | 103 | Fees Statement and Transmittal Voucher | E/O | N/A | E/O | 3/1 | State | E |
| | Yes <input type="checkbox"/> / No <input type="checkbox"/> | Has there been a change to the individual listed on the GID-003-RS since the 2016 annual renewal filing? (Yes or No) (If Yes, Form GID-003-RS must be filed) | xxx | xxx | xxx | | | |
| | 104 | GID-003-RS | E/O | N/A | E/O | 3/1 | State | F-K |
| | 105 | GID-010-RS | E/O | N/A | E/O | 3/1 | State | F-K |

| (1) Checklist | (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 | | | |
| | 106 | GID-011-RS (The Affidavit of Publication must be submitted to complete the filing.) | N/A | N/A | N/A | 3/1 | State | F-K |
| | 107 | GID-016-RS | E/O | N/A | N/A | 3/1 | State | F-K |
| | 108 | GID-018-RS (If Applicable) Yes <input type="checkbox"/> / No <input type="checkbox"/> (Yes or No) (If Yes, Form GID-018-RS must be filed) | E/O | N/A | E/O | 3/1 | State | F-K |
| | Yes <input type="checkbox"/> / No <input type="checkbox"/> | Has there been a change to the individual listed on the GID-276-EN since the 2016 annual renewal filing? (Yes or No) (If Yes, Form GID-276-EN must be filed) | xxx | xxx | xxx | | | |
| | 109 | GID-276-EN (A copy of the front and back of one secure and verifiable identification document must be submitted to complete the filing.) | E/O | N/A | E/O | 3/1 | State | F-K |
| | 110 | Certificate of Compliance | xxx | N/A | E/O | 3/1 | State | F-K |
| | 111 | Certificate of Deposit | xxx | N/A | E/O | 3/1 | State | F-K |
| | 112 | Form B-Holding Company Registration Statement | 1 | N/A | N/A | 4/30 | Company | F-K |
| | 113 | Form F-Enterprise Risk Report *** | 1 | N/A | N/A | 4/30 | Company | F-K |
| | 114 | ORSA **** | 1 | NA | N/A | 4/30 | Company | F-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 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

| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|--|---|---|--|
| | A | Required Filings Contact Person: | Bruce Williamson 404-657-9205 BWilliamson@oci.ga.gov |
| | B | Mailing Address: (Applicable for Domestic Insurers only) | Georgia Department of Insurance Division of Insurance & Financial Oversight 2 Martin Luther King Jr., Drive West Tower, Suite 604 Atlanta, GA 30334 |
| | C | Creating a portal account: | <p>All licensed companies are required to maintain an account on the company portal. Companies may use the information below to create an account if they have not previously done so.</p> <p>Once you have determined who you want as administrators, please send the information as an e-mail attachment to the attention of Bruce Williamson at BWilliamson@oci.ga.gov</p> <ul style="list-style-type: none"> • on your company's letter head • the name of the company you are making this request for • the NAIC and GA ORG number of the company • the names of the administrators • the telephone number of the administrators • the email addresses of the administrators • the letter must be signed by company's president or vice-president <p>Once the letter has been received our department will set up the portal account. The individuals designated as administrators will receive an e-mail containing the temporary username and password that will allow access to the company portal.</p> |

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| | | | <p>Newly licensed carriers must set up their portal accounts before 1/31/2017.</p> |
| | D | Accessing the Annual Renewal Packages: | <p>Visit the department’s website www.oci.ga.gov</p> <p>Once on the home page, located near the top of the page is a gray strip; click on the word <u>Insurers</u> within that strip.</p> <p>On the left side of the page click <u>Regulatory Services</u>, next click on <u>Renewal Instructions and Forms</u>.</p> <p>Select your company type and all of the state specific forms required to complete the annual renewal package are located within this section.</p> |
| | E | Payment of the renewal fees: | <p><u>Total Annual Renewal Fees are \$700.00 (Domestic Insurers) – (\$500.00 Foreign Insurers).</u></p> <p>The payment of renewal fees may be paid by credit card or EFT. Credit card payment will also include additional service fees, but is offered as a convenience.</p> <p>The payment of the renewal fees by ETF is a bank to bank transaction accomplished thru an electronic funds transfer (ACH) is allowed for both domestic and foreign insurers.</p> <p>Newly licensed insurance carriers or insurance carriers that have not previously submitted an Official EFT Request must submit the form on or before 1/31/2017. (Submission not required if paying by credit card)</p> <p>To request authorization to the Department’s banking information please complete the following steps. (1) Access the company portal on our website www.oci.ga.gov (2) Go to the “Official EFT Request” and click on the word form, which is</p> |

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| | | | <p>blue in color, located near the top on the page. (3) Complete the form supplying all of the requested information, print the document, scan the page into a “PDF” and upload the request in the Upload a New Document section.</p> <p>Upon receipt of the request, the filing will be reviewed and the company will be notified of the department’s decision.</p> <p><u>The Official EFT Request is a onetime submission. Once a company has been granted access to the banking information, that authorization is granted perpetually unless revoked by our department.</u></p> <p><u>Copies of the Fees Statement document, plus the transmittal voucher provided by your bank must be submitted as proof that the annual renewal fee has been paid.</u></p> |
| | F | Delivery Instructions: Domestic Insurers: | <p>Georgia is an in house state and all annual renewal packages must be submitted via hard copy and delivered on or before 3/1/2017.</p> <p>All Domestic annual statements and renewal packages must be mailed. Acceptable delivery methods include U.S. Mail, UPS, FedEx, or the overnight carrier of your choice.</p> <p><u>Deliveries by local courier or by hand will not be accepted.</u></p> <p>Each licensed insurer within a holding company system of multiple Georgia-licensed carriers must file separate annual renewal packages for each licensed entity <u>clearly marked with the company name and NAIC number.</u></p> <p>All renewal documents submitted by domestic companies must have original signatures.</p> |

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| | | | In the event that the due date falls on a weekend or a day that our office is closed, the annual renewal packages are due on the next business day |
| G | Delivery Instructions: Foreign Insurers: | | <p>Georgia is an in house state and all renewal packages <u>must be submitted electronically</u> on or before 3/1/2017.</p> <p><u>Any hard copies of the annual renewal package received by the department will not be accepted and will be returned to the sender at their cost.</u></p> <p>Annual renewal packages are to be submitted in “PDF” format via the company portal under the “Go To: Company Annual Renewal” field. Each licensed insurer within a holding company system of multiple Georgia-licensed carriers must file separate annual renewal packages for each licensed entity <u>clearly marked with the company name and NAIC number.</u></p> <p><u>The required documents that complete the annual renewal package must be uploaded as a single “PDF” packet, not as individual items.</u></p> <p>In the event that the due date falls on a weekend or a day that our office is closed, the annual renewal packages are due on the next business day.</p> |
| H | Late Filings: | | Filings are due in our office on or before the date indicated. Late or incomplete filings may be subject to administrative action including fines.(Reg, 120-2-18-1) |
| I | Original Signatures: | | All annual renewal documents submitted must have original signatures from the appropriate individuals. Foreign Insurers are required to file electronically; therefore, the scanned “PDF” of the documents with original signatures is acceptable. |

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| J | Signature/Notarization/ Certification: | | All appropriate annual renewal documents shall be signed, notarized and/or certified. |
| K | Amended Filings: | | Amended filings shall be submitted to the appropriate division of the department as soon as the amendment(s) become available. |
| L | Exceptions from normal filings: | | <p><u>Note: This electronic filing method and electronic fee payment method is a change from prior years when paper filings were requested with this set of annual license renewal instructions that relate to policy forms related activity in Georgia in 2016.</u></p> <p>All Life or Health product writing Companies, if applicable because of activity in these product markets:</p> <ol style="list-style-type: none"> 1. A Listing of life or health filings used in Georgia in 2016 that were Exempt filings, per Rule 120-2-25-.04; and/or 2. The Small Group Pooling Certification, per Rule 120-2-10-.12(9) ; and/ or 3. Life/Annuity Advertising Annual Certification, per Rule 120-2-11-.11(2); and/or 4. Accident and Sickness Advertising Annual Certification, per Rule 120-2-12-.19(3) should be submitted via NAIC SERFF system as TOI: "Other" and Description: "Annual Exempt Forms Listing" or "Small Group Pooling and Rating Annual Certification" or "Annual Advertising Certification", respectively, as applicable. If no Exempt forms used, no filing is necessary. If not active in Small Group Health, no Certification filing is |

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| | | | <p>necessary. If no advertisements were used in Georgia in 2016, no advertisement certification(s) are necessary.</p> <p>A \$25 Filing Fee for each of these respective forms, paid by EFT within SERFF is required, as is normal with all other policy forms related filings. If you are not familiar with SERFF filing and/or EFT fees payment issues, please seek appropriate guidance from your corporate compliance or policy forms filing internal personnel.</p> |
| | M | Bar Codes (State or NAIC): | N/A |
| | N | Signed Jurat: | <u>Required for Domestic Companies only.</u> |
| | O | None Filings: | N/A |
| | P | Filings new, discontinued or modified materially since last year: | <p>The Exhibit K (GID-042-RS) and the Exhibit L (GID-044-RS and GID-045-RS) are no longer required filings.</p> <p>The GID-003-RS and the GID-276-EN are required filings only if the designated individual listed on the forms has been changed since the previous year's annual renewal submission.</p> <p>Please note that the GID-003-RS and the GID-276-EN are required filings for carriers submitting their first annual renewal packet with the department.</p> <p>The GID-011-RS and the Affidavit of Publication are no longer a required filing for Fraternal Societies.</p> |
| | | | |

**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 be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM 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 **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk-Based Capital.PDF Filing** is the .pdf file for risk-based capital data.

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 (EX) 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 (EX) 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.

W:\QA\BLANKS\CHECKLISTS\2016 filings made in 2017\1 fratcklist_2016_filingsmade2017.docx