

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____

NAIC Company Code: _____

Contact: _____

Telephone: _____

REQUIRED FILINGS IN THE STATE OF: CONNECTICUT

Filings Made During the Year 2007

(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")	2	1	1	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	1	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	1	1	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	1	1	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	2	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	2	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	2	1	1	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	1	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	1	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	1	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	
	19	Medicare Part D Coverage Supplement	2	1	1	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Risk-Based Capital Report	1	1	N/A	3/1	NAIC	
	21	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	2	1	1	3/1	Company	
	23	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	1	3/1	Company	
	24	Statement on par/non-par policies – Exhibit 5 Int. 1.1	2	1	1	3/1	Company	
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	"Q"
	26	Supplemental Schedule O	2	1	xxx	3/1	NAIC	
	27	Trusted Surplus Statement	0	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Workers' Compensation Carve Out Supplement	2	1	1	3/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	1	N/A	1	6/1	Company	
	52	Audited Financial Statements	1	1	1	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	0	N/A	N/A		Company	
	54	Independent CPA	1	N/A	N/A	Within 60 days of becoming subject to such requirements	Company	
	55	Notification of Adverse Financial Condition	1	N/A	1	Within 5 business days of company notification	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	Within 60 days of annual report filing	Company	
	57	Request for Exemption to File	1	N/A	N/A	12/31	Company	
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	2	1	1	3/1, 5/15, 8/15, 11/15	State	
	102	Retention of Assets Statement	2	0	0	3/1	State	
	103	Accident & Health Advertising Certificate of Compliance	2	0	1	3/1	Company	"O"
	105	Separate Account Investment Certification	2	0	0	3/1	Company	"R"

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC 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.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Financial Analysis & Compliance Division (860) 297-3814 E-Mail – ctinsdept.financial@po.state.ct.us	
B	Mailing Address:	Connecticut Insurance Department P.O. Box 816 Hartford, CT 06142-0816 <u>EXPRESS/HAND DELIVERY:</u> Connecticut Insurance Department 153 Market Street Hartford, CT 06103	
C	Mailing Address for Filing Fees:	Same as above - Checks should be made payable to Treasurer, State of Connecticut. Department will invoice companies for appropriate fees; please <u>do not</u> send fees with annual/quarterly filings.	
D	Mailing Address for Premium Tax Payments:	Connecticut Department of Revenue Services P.O. Box 2990 Hartford, CT 06104-2990 (860) 541-3226	
E	Delivery Instructions:	Filings sent by the United States Postal Service must be postmarked no later than the indicated due date. Filings sent by a private delivery service will be considered filed on the date physically received by the Department. Refer to Connecticut Bulletin FS-16-92. If due date falls on a Sunday, then the deadline date is extended to Monday.	
F	Late Filings:	Companies will be fined \$100 per day for a late annual statement or quarterly statement filing regardless of state of domicile approval.	
G	Original Signatures:	Original signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.	
H	Signature/Notarization/Certification:	The following officers are required to sign the annual/quarterly statements: President or Vice President, AND Secretary or Assistant Secretary Statements must also be notarized.	
I	Amended Filings:	Domestic companies are instructed to refer to Connecticut General Statute §38a-53a.	
J	Exceptions from normal filings:	Please follow the NAIC Annual Statement Instructions	
K	Bar Codes (State or NAIC)	Please follow the NAIC Annual Statement Instructions	
L	Signed Jurat	State requires hard copy filings of the annual and quarterly statements, which includes the filing of the jurat page. Refer to notes G and H for signature requirements.	
M	NONE Filings:	Please follow the NAIC Annual Statement Instructions	
N	Filings new, discontinued or modified materially since last year:	No discontinued or modified filings since last year. New required filings are Actuarial Opinion Summary; Medicare Part D Coverage Supplement and the Accident & Health Policy Experience Exhibit for Health Entities.	
O	Accident & Health Advertising Certificate of Compliance:	Companies are referred to §38a-819-18(B) of the Regulations of Connecticut State Agencies for further details. Certificate only required for companies reporting accident and health premiums.	
P	State Page – Quarterly Supplement Property & Casualty Companies:	Companies are required to file page 20 of the annual statement with each quarterly statement.	
Q	Supplemental Compensation Exhibit – Domestic Companies Only	If Connecticut Public Act 03-104 is applicable to your Company the exhibit will be held confidential if you attach an affidavit to a copy of the exhibit showing only the three most highly compensated officers attesting that the Company is a nonprofit insurer and has fewer than 150 employees. This affidavit and redacted exhibit will be available for public inspection.	
R	Separate Account Investment Certification – Domestic Companies Only	Officer compliance certification with C.G.S. 38a-102c as it relates to separate account guarantees. Refer to C.G.S. section 38a-102(d).	
S	Actuarial Opinion Summary – Property & Casualty Companies	This is a confidential filing and should be sent under separate cover.	

**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 send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to 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 investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March .PDF Filing* is the .pdf file 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 *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 all investment schedule detail.

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

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits 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.

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 (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

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. 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.