

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: CONNECTICUT Filings Made During the Year 2008

| (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 | EO | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E25) | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 1/2"x14") | 2 | EO | xxx | 3/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 11 | Credit Insurance Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 12 | Interest Sensitive Life Insurance Products Report | 2 | EO | xxx | 4/1 | NAIC | |
| | 13 | Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | |
| | 14 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 15 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC | |
| | 16 | Long Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 17 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 19 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 20 | Reasonableness of Assumptions Certification | 2 | EO | xxx | 5/15, 8/15, 11/15 | Company | |
| | 21 | Reasonableness & Consistency of Assumptions Cert. | 2 | EO | xxx | 5/15, 8/15, 11/15 | Company | |
| | 22 | Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method | 2 | EO | xxx | 5/15, 8/15, 11/15 | Company | |
| | 23 | Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value) | 2 | EO | xxx | 5/15, 8/15, 11/15 | Company | |
| | 24 | Reasonableness & Consistency of Assumptions Cert. (Updated Market Value) | 2 | EO | xxx | 5/15, 8/15, 11/15 | Company | |
| | 25 | Risk-Based Capital Report | 1 | EO | N/A | 3/1 | NAIC | |
| | 26 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 27 | Statement of Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | |
| | 28 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | 2 | EO | xxx | 3/1 | Company | |
| | 29 | Statement on par/non-par policies - Exhibit 5 Int. 1.1 | 2 | EO | xxx | 3/1 | Company | |
| | 30 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | "Q" |
| | 31 | Supplemental Schedule O | 2 | EO | xxx | 3/1 | NAIC | |
| | 32 | Trusteed Surplus Statement | 0 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 33 | Workers' Compensation Carve Out Supplement | 2 | EO | xxx | 3/1 | NAIC | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 40 | Annual Statement Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 41 | March .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 42 | Risk-Based Capital Electronic Filing | xxx | 1 | N/A | 3/1 | NAIC | |
| | 43 | Separate Accounts Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 44 | Separate Accounts .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 45 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 46 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 47 | Quarterly Electronic Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 48 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 49 | June .PDF Filing | xxx | 1 | xxx | 6/1 | NAIC | |
| IV. AUDITED FINANCIAL STATEMENTS | | | | | | | | |
| | 51 | Accountants Letter of Qualifications | 1 | N/A | xxx | 6/1 | Company | |
| | 52 | Audited Financial Statements | 1 | EO | xxx | 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 | 0 | 1 | 3/1, 5/15, 8/15, 11/15 | State | "T" |
| | 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 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-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 do not 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: | Domestic Company's 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. Foreign Companies must submit an electronically filed report with the NAIC and any required hard copy submission to the Department by the due date. Refer to Connecticut Bulletin FS-16-07. 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: | Foreign companies filing electronically with the NAIC are not required to submit a hard copy. |
| M | NONE Filings: | Please follow the NAIC Annual Statement Instructions |
| N | Filings new, discontinued or modified materially since last year: | New required filings on a quarterly basis are Reasonableness of Assumptions Certification, Reasonableness & Consistency of Assumptions Cert., Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method, Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value), and Reasonableness & Consistency of Assumptions Cert. (Updated Market Value). Hard copy filings for foreign companies are discontinued as long as they are filed electronically with the NAIC; except for the accident and health advertising certificate of compliance, combined annual statement, combined insurance expense exhibit, and the state page for property and casualty companies on a quarterly basis which are still hard copy filings. |
| 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. Certificates only required for companies reporting accident and health premiums. |
| P | State Page – Quarterly Supplement Property & Casualty Companies: | Both domestic and foreign companies are required to file a hard copy of 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. |
| T | Filing Checklist | A checklist with column 1 completed is required to be submitted with all required hard copy filings. |

**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 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 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.