

Fraternal Benefit Societies

Company Name: _____

NAIC Company Code: _____

Contact: _____

Telephone: _____

Required Filings In The State Of: **Washington**

Filings Made During the Year **2012**

| (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") | | | xxx | | | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | | | xxx | | | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | | | xxx | | | |
| | 3 | Separate Accounts Annual Statement (8 1/2"x 14") | | | xxx | | | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | | | xxx | | | |
| | 11 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | | | xxx | | | |
| | 12 | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII | | | xxx | | | |
| | 13 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | | | xxx | | | |
| | 14 | Actuarial Certification regarding use 2001 Preferred Class Table | | | xxx | | | |
| | 15 | Actuarial Opinion | | | xxx | | | |
| | 16 | Actuarial Opinion on X-Factors | | | xxx | | | |
| | 17 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | | | xxx | | | |
| | 18 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | | | xxx | | | |
| | 19 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | | | xxx | | | |
| | 20 | Analysis of Annuity Operations by Lines of Business | | | xxx | | | |
| | 21 | Analysis of Increase in Annuity Reserves During Year | | | xxx | | | |
| | 22 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | | | xxx | | | |
| | 23 | Health Care Exhibit (Parts 1, 2 and 3) Supplement | | | xxx | | | |
| | 24 | Health Care Exhibit's Allocation Report Supplement | | | xxx | | | |
| | 25 | Interest Sensitive Life Insurance Products Report | | | xxx | | | |
| | 26 | Investment Risk Interrogatories | | | xxx | | | |
| | 27 | Long-term Care Experience Reporting Forms | | | xxx | | | |
| | 28 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | | | xxx | | | |
| | 29 | Management Discussion & Analysis | | | xxx | | | |
| | 30 | Medicare Supplement Insurance Experience Exhibit | | | xxx | | | |
| | 31 | Medicare Part D Coverage Supplement | | | xxx | | | |
| | 32 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | | | xxx | | | |
| | 33 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | | | xxx | | | |
| | 34 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | | | xxx | | | |
| | 35 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | | | xxx | | | |
| | 36 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | | | xxx | | | |
| | 37 | Risk-Based Capital Report | | | xxx | | | |
| | 38 | RBC Certification required under C-3 Phase I | | | xxx | | | |
| | 39 | RBC Certification required under C-3 Phase II | | | xxx | | | |
| | 40 | Statement on non-guaranteed elements – Exhibit 5 Int. #3 | | | xxx | | | |
| | 41 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2 | | | xxx | | | |
| | 42 | Supplemental Compensation Exhibit | | | N/A | | | |
| | 43 | Trusted Surplus Statement | | | xxx | | | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 50 | Annual Statement Electronic Filing | | | xxx | | | |
| | 51 | March .PDF Filing | | | xxx | | | |
| | 52 | Risk-Based Capital Electronic Filing | | | xxx | | | |
| | 53 | Risk-Based Capital .PDF Filing | | | xxx | | | |

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|---|---------------|---|--------------------------|------|---------|-----------------|--------------------------|---------------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 54 | Separate Accounts Electronic Filing | | | xxx | | | |
| | 55 | Separate Accounts .PDF Filing | | | xxx | | | |
| | 56 | Supplemental Electronic Filing | | | xxx | | | |
| | 57 | Supplemental .PDF Filing | | | xxx | | | |
| | 58 | Quarterly Statement Electronic Filing | | | xxx | | | |
| | 59 | Quarterly .PDF Filing | | | xxx | | | |
| | 60 | June .PDF Filing | | | xxx | | | |
| IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | | | |
| | 71 | Accountants Letter of Qualifications | | | xxx | | | |
| | 72 | Audited Financial Reports | | | 0 | | | |
| | 73 | Audited Financial Reports Exemption Affidavit | | | N/A | | | |
| | 74 | Communication of Internal Control Related Matters Noted in Audit | | | N/A | | | |
| | 75 | Independent CPA (change) | | | N/A | | | |
| | 76 | Management's Report of Internal Control Over Financial Reporting | | | N/A | | | |
| | 77 | Notification of Adverse Financial Condition | | | N/A | | | |
| | 78 | Request for Exemption to File | | | N/A | | | |
| | 79 | Relief from the five-year rotation requirement for lead audit partner | | | N/A | | | |
| | 80 | Relief from the one-year cooling off period for independent CPA | | | N/A | | | |
| | 81 | Relief from the Requirements for Audit Committees | | | N/A | | | |
| V. STATE REQUIRED FILINGS | | | | | | | | |
| | 101 | Certificate of Compliance | | | 0 | | | |
| | 102 | Certificate of Deposit | | | 0 | | | |
| | 103 | Certificate of Valuation | | | 0 | | | |
| | 104 | Filings Checklist (with Column 1 completed) | | | 0 | | | |
| | 105 | Premium tax | | | 1 | 3/1 | State | |
| | 106 | State Filing Fees | | | 1 | 3/1 | State | |
| | 107 | Signed Jurat | | | 0 | | | |

*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.

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Filings Made During the Year **2012**

| NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | | |
|--|---|---|
| A | Required Filings Contact Person: | ASFI@oic.wa.gov or 360-725-7200. |
| B | Mailing Address: U.S. Mail: | PO Box 40259, Olympia, WA 98504-0259 |
| | Hand Delivery: | 5000 Capitol Boulevard SE, Tumwater, WA 98501 |
| C | Mailing Address for Filing Fees: | See the License Renewal form. |
| D | Mailing Address for Premium Tax Payments: | License renewal information provided separately. |
| E | Delivery Instructions: | If the due date is a Saturday, Sunday or legal holiday, the due date is the next business day. The post office cancellation mark or third-party delivery service shipping date is the date filed. |
| F | Late Filings: | Not applicable. |
| G | Original Signatures: | Not applicable. |
| H | Signature/Notarization/Certification: | Not applicable. |
| I | Amended Filings: | Not applicable. |
| J | Exceptions from normal filings: | Not applicable. |
| K | Bar Codes (State or NAIC): | Not applicable. |
| L | Signed Jurat: | Not applicable. |
| M | NONE Filings: | Not applicable. |
| N | Filings new, discontinued or modified materially since last year: | None. |

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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 **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 (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.

This is a courtesy summary; it does not relieve the reporting entity from complying with all statutes and regulations.