

# Life, Accident And Health Insurers

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) APPLIC- ABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"x14")	EO	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	EO	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	EO	EO	xxx	3/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	EO	EO	xxx	3/1	Company	
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	EO	EO	xxx	3/1	Company	
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	EO	EO	xxx	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	EO	EO	xxx	3/1	Company	
	15	Actuarial Opinion	EO	EO	xxx	3/1	Company	
	16	Actuarial Opinion on X-Factors	EO	EO	xxx	3/1	Company	
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	xxx	3/1	Company	
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	xxx	3/1	Company	
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	EO	EO	xxx	3/1	Company	
	20	Analysis of Annuity Operations by Lines of Business	EO	EO	xxx	4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	EO	EO	xxx	4/1	NAIC	
	22	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	EO	EO	xxx	3/1	Company	
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	EO	EO	xxx	4/1	NAIC	
	25	Health Care Exhibit's Allocation Report Supplement	EO	EO	xxx	4/1	NAIC	
	26	Interest Sensitive Life Insurance Products Report	EO	EO	xxx	4/1	NAIC	
	27	Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	EO	EO	xxx	4/1	NAIC	
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	EO	EO	xxx	4/1	NAIC	
	30	Long-term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	EO	EO	xxx	3/1	Company	
	32	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	
	33	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	
	34	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	40	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	
	41	RBC Certification required under C-3 Phase I	EO	EO	xxx	3/1	Company	
	42	RBC Certification required under C-3 Phase II	EO	EO	xxx	3/1	Company	
	43	Schedule SIS	EO	N/A	N/A	3/1	NAIC	

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Required Filings In The State Of: *Washington*

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(1) Check -list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLIC- ABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	xxx	3/1	Company	
	45	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	xxx	3/1	Company	
	46	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	
	47	Supplemental Schedule O	EO	EO	xxx	3/1	NAIC	
	48	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	49	Workers' Compensation Carve-Out Supplement	EO	EO	xxx	3/1	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	50	Annual Statement Electronic Filing	1	1	xxx	3/1	NAIC	
	51	March .PDF Filing	1	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	1	1	xxx	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	1	1	xxx	3/1	NAIC	
	54	Separate Accounts Electronic Filing	1	1	xxx	3/1	NAIC	
	55	Separate Accounts .PDF Filing	1	1	xxx	3/1	NAIC	
	56	Supplemental Electronic Filing	1	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	1	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	1	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	1	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	1	1	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	
	72	Audited Financial Reports	EO	EO	xxx	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	EO	N/A	N/A	8/1	Company	
	75	Designation of Independent CPA (change)	1	N/A	N/A	only on CPA change	Company	
	76	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	within 5 days	Company	
	78	Request for Exemption to File	1	N/A	N/A		Company	
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	12/1/2011	Company	
	80	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	12/1/2011	Company	
	81	Relief from the Requirements for Audit Committees	1	EO	xxx		Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	0			
	102	Certificate of Deposit	0	0	0			
	103	Certificate of Valuation	0	0	0			
	104	Filings Checklist (with Column 1 completed)	0	0	0			
	105	Premium tax	1	0	1	3/1	State	
	106	State Filing Fees	1	0	1	3/1	State	
	107	Signed Jurat	0	0	0		NAIC	
	108	Paper signature pages	1	N/A	0	3/1, 3/15, 5/15, 6/1, 8/1, 8/15, 11/15	NAIC / Company	
	109	Schedule SIS .PDF Filing	1	N/A	0	3/1	NAIC	
	110	Supplemental Compensation Exhibit .PDF Filing	1	N/A	0	3/1	NAIC	
	111	WSHIP Notice of Assessment Report	1	N/A	1	3/1	State	P
	112	Regulatory Asset Adequacy Issues Summary (RAAIS) .PDF Filing	1	N/A	0	3/15	Company	
	113	Supplemental Data input	1	N/A	1	4/1	State	Q
	114	Holding Company Filings (Forms B & C)	1	N/A	N/A	5/15	State	O
	115	Communications of Internal Control Related Matters Noted in Audit .PDF Filing	1	N/A	0	8/1	Company	
	116	Management's Report of Internal Control Over Financial Reporting .PDF Filing	1	N/A	0	8/1	Company	

\*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).

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Filings Made During the Year **2012**

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

<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>		
A	Required Filings Contact Person:	ASFI@oic.wa.gov or 360-725-7200
B	Electronic Filing Address:	<b>Domestic:</b> ftp.oic.wa.gov
	U.S. Mail:	Attention: Company Supervision Division PO Box 40259, Olympia, WA 98504-0259
	Hand Delivery:	Attention: Company Supervision Division 5000 Capitol Boulevard SE, Tumwater, WA 98501
C	Mailing Address for Filing Fees:	See the Premium Tax form.
D	Mailing Address for Premium Tax Payments:	Premium tax 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. For paper filings, the post office cancellation mark or third-party delivery service shipping date is the date filed.
F	Late Filings:	The commissioner shall suspend or revoke the certificate of authority.
G	Original Signatures:	<b>Domestic:</b> Original required, except the CPA firm-supplied documents may use a facsimile or reproduction signature.
H	Signature/Notarization/Certification:	Jurat: At least two officers must sign.
I	Amended Filings:	Only after OIC approval. See SSAP No. 3 and the NAIC instructions.
J	Exceptions from normal filings:	<b>Domestic:</b> Send written requests to Dennis Edward Julnes, Chief Financial Analyst. Email to DennisJ@oic.wa.gov or fax to 360-586-2022. For time extensions, state the date the reporting entity will file. <b>Foreign:</b> Extensions or exemptions are made by the domestic regulator. Do not file requests or notices with the OIC.
K	Bar Codes (State or NAIC):	NAIC bar code required on any paper signature page with a document identifier code.
L	Signed Jurat:	<b>Domestic:</b> This is an NAIC program for foreign insurers, so it is different from the Washington rules regarding signatures. <b>Foreign:</b> No.
M	NONE Filings:	Put consecutive "none" pages on one page.
N	Filings new, discontinued or modified materially since last year:	None.
O	Holding Company Forms:	<b>Domestic:</b> Email PDF documents to CompanySupervisionFilings@oic.wa.gov. Contact: Ron Pastuch at 360-725-7211 or RonP@oic.wa.gov.
P	WSHIP Notice of Assessment Report:	<b>The report is web-based</b> and can be found at <a href="http://www.insurance.wa.gov/companies/WSHIP/WSHIPquestions.shtml">http://www.insurance.wa.gov/companies/WSHIP/WSHIPquestions.shtml</a> The phone numbers for questions are on that web page.
Q	Supplemental Data input	Insurers offering a health benefit plan must provide supplemental data to comply with RCW 48.43.049. The link to the Internet input form is available on <a href="http://www.insurance.wa.gov">http://www.insurance.wa.gov</a> .

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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 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 *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 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 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 (EX4) 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. 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.**