LIFE, ACCIDENT AND HEALTH / FRATERNAL INSURERS

COMPANY NAME:		NAIC Company Code:
Contact:		Telephone:
DECLIDED EILINGS IN THE STATE OF.	OVIATIOMA	Filings Mode During the Veer 2024

(1)	(2) Line #	(3)		(4) BER OF CO		(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom	estic NAIC	Foreign	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	NAIC	State		l	<u> </u>
	1	Annual Statement (8 ½"x14")	1	EO		2/1	NAIC	G, H
	1 1 1		1	EO	XXX	3/1 3/1	NAIC	О, П
	1.1	Printed Investment Schedule detail (Pages E01-E29)	1	EO	XXX		NAIC	C II
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	G, H
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	EO	XXX	3/1	NAIC	
		II. NAIC SUPPLEMENTS		1				
	11	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	1
	12	Credit Insurance Experience Exhibit	1	EO		4/1	NAIC	1
		*		EO	XXX			
	13	Health Supplement	1	EO	XXX	3/1	NAIC	
	14	Life, Health & Annuity Guaranty Association	1	FO		4./1	NAIC	
		Assessable Premium Exhibit, Parts 1 and 2		EO	XXX	4/1	NAIC	
	15	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	16	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	17	Market Conduct Annual Statement Premium Exhibit	1	EO		2/1	NAIC	
	10	for Year	1	EO	XXX	3/1	NAIC	
	18	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	<mark>19</mark>	Medicare Part D Coverage Supplement				3/1, 5/15, 8/15,		
			1	EO	XXX	11/15	NAIC	
	<mark>20</mark>	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	<mark>21</mark>	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	<mark>22</mark>	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	<mark>23</mark>	Supplemental Health Care Exhibit (Parts 1 and 2)	1	EO	XXX	4/1	NAIC	
	24	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	25	Supplemental Schedule O	1	EO	XXX	3/1	NAIC	
	26	Supplemental Term and Universal Life Insurance						
		Reinsurance Exhibit	1	EO	XXX	4/1	NAIC	
	27	Trusteed Surplus Statement				3/1, 5/15, 8/15,		
			1	EO	XXX	11/15	NAIC	
	28	Variable Annuities Supplement	1	EO	XXX	4/1	NAIC	
	29	VM 20 Reserves Supplement	1	EO	XXX	3/1	NAIC	
	30	Workers' Compensation Carve-Out Supplement	1	EO	XXX	3/1	NAIC	
	30	workers compensation carve-out supplement	1	LO	ΛΛΛ	3/1	NAIC	
		Actuarial Related Items		I .				1
	31	Actuarial Certification regarding use 2001 Preferred						
		Class Table	1	EO	XXX	3/1	Company	
	32	Actuarial Certification Related Annuity Nonforfeiture						
	52	Ongoing Compliance for Equity Indexed Annuities	1	EO	XXX	3/1	Company	
	33	Actuarial Memorandum Related to Universal Life						
		with Secondary Guarantee Policies required by						
		Actuarial Guideline XXXVIII 8D	1	N/A	XXX	4/30	Company	
	34	Actuarial Opinion	1	EO	XXX	3/1	Company	
	35	Actuarial Opinion on Separate Accounts Funding						
		Guaranteed Minimum Benefit	1	EO	xxx	3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed	1		АЛА	5/1	Company	
	30	Investment Contracts	1	EO	xxx	3/1	Company	
	37	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	
	38	Actuarial Opinion required by Modified Guaranteed	1	LO	ΑΛΛ	J/ 1	Company	
	30	Annuity Model Regulation	1	EO	vvv	3/1	Company	
	39	Request for Life PBR Exemption (if applicable)	1	LO	XXX	Commissioner	Company	
	39	Request for Life PDK Exemption (if applicable)	1	E/O	VVV		Company	
	40	Evacutive Cummers of the DDD A -t	1	N/A	XXX	7/1 NAIC 8/15		
	40	Executive Summary of the PBR Actuarial Report	-		XXX	4/1	Company	
	41	Life Summary of the PBR Actuarial Report	1	N/A	XXX	4/1	Company	
	42	Variable Annuities Summary of the PBR Actuarial				4/1		
	1	Report	1	N/A	XXX	4/1	Company	ļ
	43	PBR Actuarial Report (provide upon request)	1	N/A	XXX	ļ	Company	
	44	RAAIS required by Valuation Manual	1	N/A	XXX	4/1	Company	1

(1)	(2)	(3)		(4)		(5)	(6)	(7)
Checklist	Line #			BER OF CO		DUE DATE	FORM SOURCE**	APPLICABLE NOTES
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome State	NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness & Consistency of Assumptions					1 ,	
		Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	48	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	
	49	Reasonableness of Assumptions Certification for						
		Implied Guaranteed Rate Method required by	1	EO		3/1,5/15, 8/15,	C	
	50	Actuarial Guideline XXXVI	1	EO EO	XXX	11/15 3/1	Company	
	51	RBC Certification required under C-3 Phase I RBC Certification required under C-3 Phase II	1	EO		3/1	Company	
	52	Statement on non-guaranteed elements - Exhibit 5 Int.	1	EU		3/1	Company	
	32	#3	1	EO		3/1	Company	
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO		3/1	Company	
		Dimension on purificial purificial 2 miles 2 m	-			5/1	Company	
		III. ELECTRONIC FILING REQUIREMENTS			•	1		
	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	
		TY A LIDYD/IN/DEDNIA L						
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	XXX	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	12/1	Company	
	84	Communication of Internal Control Related Matters	-	1,,11	1,1,1	12/1	Company	
		Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	12/1	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	-	1,711	1,111	Within 10 days	Сотприну	
			1	N/A	N/A	of finding	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	8/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	1	0	N/A	6/1	Company	T
	102	Filings Checklist (with Column 1 completed)	1	0	EO	3/1	State	S
	103	Form B-Holding Company Registration Statement	1	0	N/A	5/1	Company	T
	104	Form F-Enterprise Risk Report ****	1	0	N/A	5/1	Company	T
	105	ORSA *****	1	0	N/A	12/31	Company	0.5
	106	Premium Tax Return with Payment Voucher including a copy of the State Page (OPTins required)	EO	0	EO	3/1	State	O, P, Q, R, S
	107	Quarterly Estimated Premium Tax Payments with				4/15, 6/15,		
		Payment Vouchers (OPTins required)	EO	0	EO	9/15, 12/15	State	P, Q, S
	108	Jurat Page	0	0	EO	3/1	NAIC	S
	109	Group Capital Calculation (File with lead state only)	0	0	N/A	2/1	NAIC	N
	110	Certificate of Compliance	0	0	EO	3/1	State	S
	111	Certificate of Deposit	0	0	EO	3/1	State	S

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	stic	Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	112	Certificate of Valuation	0	0	EO	3/1	State	S
	113	Agreement and Application Form	EO	0	EO	3/1	State	S
	114	Certificate of Compliance of Advertisements	EO	0	EO	3/1	NAIC	S
	115	Publication Notice (only CO, GA, IN, ND, and SD)	0	0	EO	3/1	State	S
	116	Credit Life (Exhibit A)	EO	0	EO	3/1	State	S
	117	Uniform Consent to Service of Process (with separate	If		If			
		payment)	Applic		Applic			
			able	0	able	3/1	State	G, S
				, The state of the				

^{*}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).

******For those states that have adopted the NAIC 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. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm

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

^{***}For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. 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 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 <u>not</u> 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:	Financial Division – (405) 521-3966 Premium Tax - (405) 522-0473
В	Mailing Address:	Address via U.S. Mail or Courier: Oklahoma Insurance Department Financial Division 400 NE 50th Street Oklahoma City, OK 73105-1816
С	Mailing Address for Filing Fees:	See S.
D	Mailing Address for Premium Tax Payments:	See S.
E	Delivery Instructions:	E-1: All filings are due on or before the dates indicated. E-2: Postmarks are acceptable. If the due date falls on a weekend or a holiday, the deadline is extended to the next business day. Metered mail must have a manually applied postmark to qualify as acceptable proof of mailing date.
F	Late Filings:	A penalty of the greater of \$250.00 or \$100.00 per day will be assessed for late filings. (36 O.S. §311.1(B)). A penalty of \$500.00 per day will be assessed for late Holding Company filings. (36 O.S. §1643). Late tax payments will carry an additional penalty of 10% of the tax due plus 6% interest per annum until
G	Original Signatures:	paid. (36 O.S. §630) To submit "wet" signatures on the Jurat page as part of a PDF that is filed with the NAIC, the reporting entity should follow these steps. a) Print the Jurat page. b) Have the appropriate individual(s) sign the printed page. c) Scan the signed Jurat page, using Optical Character Recognition (OCR) enabled software. d) Replace the original Jurat page with the scanned/signed Jurat page.
Н	Signature/Notarization/Certification:	Uniform Electronic Transactions Act, 12A O.S. § 15-107 states that "[a] record or signature may not be denied legal effect or enforceability solely because it is in the electronic form."
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in G and H. Electronic filings of the corrections must be filed with NAIC.
J	Exceptions from normal filings:	Foreign Companies must provide a written copy of any exemption or extension received from its State of

			Domicile at least 10 days prior to the
			filing due date in order to receive such
			from Oklahoma. Domestic
			Companies must apply prior to
			December 1 to receive exemption.
	K	Bar Codes (State or NAIC):	Follow the directions in the NAIC
			Annual Statement Instructions.
	L	Signed Jurat page and Company Seal:	Original (wet) signatures are required
			on all documents requiring a
			signature. The Company Seal must
	3.6	NOW EN	be applied to the Jurat Page.
	M	NONE Filings:	"NONE" filings must be made. Failure to file a "NONE" document
			will be treated as a filing violation.
			The only exception is the Designation
			of Agent filing, which is only required
			if a change has occurred.
	N	Filings new, discontinued or modified materially since last year:	No material changes noted. Group
			Capital Calculation not yet required
			for Oklahoma domestic companies.
			See Note below.
	O	Payments of Licenses, Fees, and Taxes - OPTins	O-1: Include annual license fee,
			review fee, fire marshal tax, and
			retaliatory tax if applicable. (OPTins
			mandated)
			O-2: For late payment fee, see F
	D	р : т г	above.
	P	Premium Tax Forms:	OPTins mandated, see S below.
	Q	Worksheets:	Oklahoma Premium Tax Credits Worksheet is provided in OPTins to
			aid in the calculation of Home Office
			Credit, Historic Rehabilitation Credit,
			OCIB Credit, and Affordable Housing
			Credit
	R	State Business Page:	A copy of the State Business Page
			must accompany the Premium Tax
			Return. If the State Business Page is
			"NONE", then mark and file the page
			as "NONE".
1	S	OPTins:	Please refer to the OPTins State
1			Participation Page for a list of due
			dates:
			http://www.optins.org/state_participat ion.htm
	Т	Holding Company Filings:	ALL Holding Company filings
1	1	Troising Company I mingo.	MUST be filed electronically in PDF
1			format in addition to the hard copy
1			filing. The filings should be emailed
1			to: HCAFilings@oid.ok.gov
			This applies to Forms A, B, C, D, E,
1			F, R, including supplements/
1			attachments thereto. (The OID
			firewall limits total email size to
1			10MB or less. Use of secured website
1			mail is NOT acceptable.) If file is
			larger than 10MB, for instructions
1			please email:
			HCAFilings@oid.ok.gov

Note:

Life and Health

- Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. (2022-19BWG)
- Modify the Analysis of Operations by Lines of Business in the Health Blank to include all of health lines of business included in the Life/Fraternal Analysis of Operations by Lines of Business Accident and Health. Add the Health Blank Analysis of Operations by Lines of Business as a supplement to the Life/Fraternal Blank. (2021-17BWG)

All statement types (except Title)

- o Remove Supplemental Health Care Exhibit Part 3 and Supplemental Health Care Exhibit's Expense Allocation Report. (2022-16BWG)
- Add an exhibit to identify states where the company meets the thresholds to require filing the Market Conduct Annual Statement (MCAS). (2023-02BWG)

All statement types

o Add instructions for the appointed actuary and qualified actuary contacts to the Jurat electronic-only section. (2023-04BWG)

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 submitting 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 (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. 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.

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