LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

| COMPANY NAME: | | _NAIC Company Code: |
|-----------------------------------|----------|-----------------------------------|
| Contact: | | Telephone: |
| REQUIRED FILINGS IN THE STATE OF: | Maryland | Filings Made During the Year 2024 |

*DOMICILED COMPANIES – ALL 2023 ANNUAL STATEMENT AND 2024 QUARTERLY FILINGS ARE PERMITTED TO BE SUBMITTED ELECTRONICALLY. COMPANIES SHOULD RETAIN ONE HARD COPY TO BE FILED WITH THE MARYLAND INSURANCE ADMINISTRATION UPON REQUEST AT A LATER DATE. ELECTRONIC SIGNATURES WILL BE ACCEPTED. PLEASE SEE FILING INSTRUCTIONS BELOW

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

| (1) | (2) | (3) | NIIIM | (4) | NDIEG* | (5) | (6) | (7) |
|-----------|--------|---|-------|-----------|----------|-------------------------------|------------------|---------------------|
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | Dome | BER OF CO | Foreign | DUE DATE | FORM SOURCE** | APPLICABLE NOTES |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | • | • |
| | 1 | Annual Statement (8 ½"x14") | 1 | EO | XXX | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 1 | EO | XXX | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | EO | XXX | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"x14") | 1 | EO | XXX | 3/1 | NAIC | |
| | | () | | | | | | |
| | | II. NAIC SUPPLEMENTS | | l | I | l. | I. | ı |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 12 | Credit Insurance Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 13 | Health Supplement | 1 | EO | XXX | 3/1 | NAIC | |
| | 14 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | 1 | 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 for Year | 1 | EO | XXX | 3/1 | Company | |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | XXX | 3/1 | NAIC | |
| | 19 | Medicare Part D Coverage Supplement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 20 | Risk-Based Capital Report | 1 | EO | XXX | 3/1 | NAIC | |
| | 21 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 22 | Supplemental Compensation Exhibit | XXX | N/A | N/A | 3/1 | NAIC | |
| | 23 | 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 | xxx | EO | xxx | 3/1, 5/15, 8/15, 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 | |
| | | 1 | | | | | | |
| | | Actuarial Related Items | | | • | l. | l | I. |
| | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | 1 | ЕО | xxx | 3/1 | Company | |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 1 | ЕО | 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 | ЕО | xxx | 3/1 | Company | |
| | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 1 | ЕО | xxx | 3/1 | Company | |
| | 37 | Actuarial Opinion on X-Factors | 1 | EO | XXX | 3/1 | Company | |
| | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 1 | ЕО | xxx | 3/1 | Company | |
| | 39 | Request for Life PBR Exemption (if applicable) | 1 | E/O | xxx | Commissioner 7/1 NAIC 8/15 | Company | |

| (1) | (2) | (3) | | (4) | | (5) | (6) | (7) |
|-----------|------------|--|-------------|-----------|------------------|--------------------------|------------------|---|
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | NUM Dome | BER OF CO | PIES* Foreign | DUE DATE | FORM SOURCE** | APPLICABLE NOTES |
| Checklist | Line # | REQUIRED TIENVOS FOR THE ABOVE STATE | State | NAIC | State | DOLDAIL | SOURCE | NOTES |
| | 40 | Executive Summary of the PBR Actuarial Report | 1 | N/A | 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 | 1 | N/A | XXX | 4/1 | Company | |
| | 43 | Report | | NT/A | | | C | |
| | 43 | PBR Actuarial Report (provide upon request) | 1 | N/A | XXX | 4/1 | Company | |
| | 44 | RAAIS required by Valuation Manual | 1 | N/A | XXX | 4/1 | Company | |
| | 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 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 Actuarial Guideline XXXVI | 1 | ЕО | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 50 | RBC Certification required under C-3 Phase I | 1 | EO | | 3/1 | Company | |
| | 51 | RBC Certification required under C-3 Phase II | 1 | EO | | 3/1 | Company | |
| | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. | 1 | ЕО | | 3/1 | Company | |
| | 53 | #3 Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 1 | EO | | 3/1 | Company | |
| | | | | | | | | |
| | <i>C</i> 1 | III. ELECTRONIC FILING REQUIREMENTS | | FO | | 2/1 | NAIC | I |
| | 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 | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | XXX | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | EO | XXX | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | XXX | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | xxx | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | XXX | | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | xxx | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | XXX | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | ЕО | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for | 1 | ЕО | xxx | 3/1 | Company | |
| | 90 | independent CPA Relief from the Requirements for Audit Committees | 1 | EO | XXX | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report | 1 | N/A | XXX | | Company | |
| <u> </u> | - | of Internal Control Over Financial Reporting | • | - 1/1 | | | - Janpun j | |
| | | V. STATE REQUIRED FILINGS | | | | | <u> </u> | |
| | 101 | Corporate Governance Annual Disclosure*** (see NOTES and INSTRUCTIONS below) | 1 | 0 | xxx | 6/1 | Company | Refer to Title 4, Subtitle 5 of the Insurance Article |

| Concident Line # KEO/GRED FILE/ROY DE TILE ADDVE STATE Demonstration | (1) | (2) | (3) | NIIM | (4) BER OF CO | PIES* | (5) | (6) FORM | (7) APPLICABLE |
|--|-----------|--------|---|------|------------------|---------|----------|-------------|--|
| Holding Company Registration Statement (Forms B&C) | Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE | Dome | estic | Foreign | DUE DATE | SOURCE** | NOTES |
| 103 | | 102 | B&C) | | | | 5/1 | State | Section 7- 601 of Insurance |
| Title 23 of Company State Company Insurance Article 105 Premium Tax Statement 106 Annual Assurance Statement 107 Gee NOTES and INSTRUCTIONS below) 108 Certificate of Compliance for Advertising 108 Certificate of Compliance for Advertising 109 Group Capital Calculation (File with lead state only) 109 Group Capital Calculation (File with lead state only) 109 Title 23 of Company State Company Company Compliance of | | 103 | Regulation, Form F, Enterprise Risk Report (Model 450-27) | 1 | 0 | xxx | 7/1 | State | Section 7- 603(h) of the Insurance Article |
| 105 Premium Tax Statement 1 0 1 3/15 State Sta | | 104 | ORSA**** | 1 | 0 | xxx | | Company | Title 32 of Insurance Article |
| 107 Segregation Plan 1 | | 105 | | 1 | 0 | 1 | 3/15 | State | Insurance Article ANNUAL PREMIUM TAX STATEMEN T FILINGS: IT IS RECOMMEN DED THAT COMPANIES FILE THROUGH OPTINS. PLEASE SEE MIA WEBSITE FOR FURTHER INSTRUCTI ONS. premiumtaxfil ing.mia@mar yland.gov |
| 107 (see NOTES and INSTRUCTIONS below) 1 | | 106 | | 1 | 0 | xxx | 3/1 | Company | by State |
| 108 Certificate of Compliance for Advertising 1 0 1 3/1 State Certificate of Compliance for Advertising 1 0 1 3/1 State State | | 107 | Segregation Plan (see NOTES and INSTRUCTIONS below) | 1 | 0 | xxx | 3/1 | Company | |
| Group Capital Calculation (File with lead state only) MD has not yet adopted this requirement | | 108 | | 1 | 0 | 1 | 3/1 | State | https://maryla ndinsurance.j otform.com/2 33413921219 047 Certificates of Compliance for Advertising – Advertisemen ts of All Insurance Contracts Which Include Any Accident, Sickness, Hospital, Surgical or Medical Coverages COMAR |
| requirement | | 109 | Group Capital Calculation (File with lead state only) | | | | | | MD has not yet adopted |
| | | | | | | | | | requirement |
| 111 | | | | | | | | | |

| (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 | | | | | | | |
| | 113 | | | | | | | |
| | | | | | | | | |

^{*}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 not 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 | |
|----|---|--|
| | Required Filings Contact Person: | |
| ٨ | Attn: Lynn Beckner | |
| A | holdingcompanyfiling.mia@maryland.gov | |
| | | |
| | INSTRUCTIONS FOR DOMESTIC COMPANIES | |
| | Electronic Filing Instructions: | |
| | Completed Annual Statement, Quarterly Statement and related | |
| | supplemental filings should be submitted to the Maryland | |
| | Insurance Administration via email at: | |
| В | eafilings.mia@maryland.gov | |
| | Holding company filings (Forms A, B, C, D, E, F, and Corporate | |
| | Governance Annual Disclosure) should be submitted to the | |
| | Maryland Insurance Administration via email | |
| | at: holdingcompanyfiling.mia@maryland.gov | |
| | INSTRUCTIONS FOR DOMESTIC COMPANIES | |
| | Electronic Signatures: | |
| | Electronic signatures. Electronic filings should contain electronic signatures | |
| | 2.001.011.0 11111.go bilouid contain ciocacono organistro | |
| | The MIA generally instructs companies to file certain documents | |
| | in hard copy form with original (wet) signature, and in some cases | |
| | sent via certified mail or first-class and with notary requirements. | |
| C | The hard copy, original (wet) signature, and related filing | |
| C | requirements are currently waived, however, companies are | |
| | expected to file the documents electronically. The electronic | |
| | filing should contain electronic signatures. The companies should | |
| | retain a hard copy so that they can file the hard copy, at a later | |
| | date if requested by the Maryland Insurance Administration. With | |
| | respect to the hard copies to be filed, the requirement for wet | |
| | signatures is waived. | |
| | Mailing Address: | |
| | Examination & Auditing Unit | |
| _ | Maryland Insurance Administration | |
| D | 200 St. Paul Place | |
| | Suite 2700 | |
| | Baltimore, MD 21202 | |
| | Mailing Address for Filing Fees: | |
| | Maryland Insurance Administration | |
| | Attn: Shanell Hurt Franklin or Spencer Harris | |
| E | Fiscal Unit | |
| | Suite 2700 | |
| | 200 St. Paul Place | |
| | Baltimore, MD 21202 | |
| | Mailing Address for Premium Tax Payments: Maryland Insurance Administration | |
| | Attn: Shanell Hurt Franklin or Spencer Harris | |
| F | Fiscal Unit | |
| • | Suite 2700 | |
| | 200 St. Paul Place | |
| | Baltimore, MD 21202 | |
| | Delivery Instructions: | |
| G | Electronic postmark on or before due date | |
| TT | Late Filings: | |
| Н | Subject to penalty and interest | |

| | | Original Signatures: | Domestic insurers – electronic |
|---|-----|---|--|
| | I | Yes | signatures will be accepted for all |
| | 1 | 168 | filings. |
| | | Simulatura (Nataria di ang/Candification) | |
| | _ | Signature/Notarization/Certification: | Domestic insurers – |
| | J | Yes | Notarization/Certification should be |
| | | | electronic, if possible. |
| | K | Amended Filings: | |
| | | Yes | |
| | L | Exceptions from normal filings: | |
| | L | Approval must be in writing | |
| | M | Bar Codes (State or NAIC): | |
| | IVI | NAIC | |
| | | Signed Jurat: | Signed Jurat page is no longer |
| | | | required for foreign insurers. |
| | N | | Domestic insurers – Jurat page should |
| | | | contain electronic signatures, if |
| | | | possible. |
| | _ | NONE Filings: | • |
| | О | Yes | |
| | _ | Filings new, discontinued or modified materially since last year: | |
| | P | Yes, electronic filings only | |
| | _ | Line 103, Insurance Holding Company System Model Regulation, | Refer to Section 7-603(h) of the |
| | R | Form F, Enterprise Risk Report (Model 450-27) | Insurance Article. |
| | | (| Refer to MIA Bulletin 13-24 at |
| | | | http://insurance.maryland.gov/Insurer/ |
| | | | Documents/bulletins/bulletin-13-24- |
| | | | nelson-amendment-073113.pdf and |
| | | | "Reports Due from Regulated Entities |
| | | | to the Maryland Insurance |
| | | | Administration" found on the MIA |
| | | | website at |
| | | Line 106, Requirement for Issuers of QHPs in Maryland: Annual | http://insurance.maryland.gov/Insurer/ |
| | R | Assurance Statement, MIA Bulletin 13-24 | Pages/CompanyFilingRequirements.a |
| | | Assurance Statement, WIA Bunchi 13-24 | spx, under Summary of Maryland |
| | | | Required Filings |
| | | | Required I mings |
| | | | Filings should be submitted to the |
| | | | Maryland Insurance Administration |
| | | | via email at: |
| | | | eafilings.mia@maryland.gov |
| | | | gomm c mm j mno.go v |
| | | | Refer to MIA Bulletin 13-24 at |
| | | | http://insurance.maryland.gov/Insurer/ |
| | | | Documents/bulletins/bulletin-13-24- |
| | | | nelson-amendment-073113.pdf and |
| | | | "Reports Due from Regulated Entities |
| | | | to the Maryland Insurance |
| | | | Administration" found on the MIA |
| | | | website at |
| | S | Line 107, Requirement for Issuers of QHPs in Maryland: | http://insurance.maryland.gov/Insurer/ |
| | 5 | Segregation Plan, MIA Bulletin 13-24 | Pages/CompanyFilingRequirements.a |
| | | | spx, under Summary of Maryland |
| | | | Required Filings |
| | | | Troquired I mings |
| | | | Filings should be submitted to the |
| | | | Maryland Insurance Administration |
| | | | via email at: |
| | | | eafilings.mia@maryland.gov |
| 1 | | | January and June 30 v |

| S | Additional Questions: | Refer to "Reports due from Regulated entities to the Maryland Insurance Administration" found on the Mia website at http://insurance.maryland.gov/Insurer/Pages/companyfilingRequirements.as px under Summary of Maryland Required 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 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 <u>before</u> submitting a filing.