

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

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

47	Supplemental Schedule O	1	EO	xxx	3/1	NAIC	
48	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
49	Workers' Compensation Carve-Out Supplement	1	EO	xxx	3/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS							
50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
54	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
72	Audited Financial Reports	1	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	1	N/A	N/A	8/1	Company	
75	Independent CPA (change) Notice	1	N/A	N/A	Within 60 days of admittance	Company	
76	Independent CPA Awareness Letter (newly retained)	1	N/A	N/A	Within 60 days of admittance/change	Company	Company obtains letter from CPA and files with DOI
77	Notice of Resignation/Dismissal of Prior Independent CPA	1	N/A	N/A	Within 5 business days of dismissal or resignation	Company	
78	Prior CPA Disagreement Letter (if Resignation or Dismissal)	1	N/A	N/A	Within 10 business days of DOI notice	Company	Explanation letter by Company
79	Prior CPA Letter to Company (Whether CPA agrees or disagrees with Disagreement Letter Written by Company.)	1	N/A	N/A	Within 10 business days of DOI notice	Prior CPA Provides to Company	Prior CPA letter to Company & Company letter to DOI filed together.
80	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
81	Notification of Adverse Financial Condition	1	N/A	N/A	5 business days	Company	
82	Request for Exemption to File	1	N/A	N/A	12/31	Company	
83	Relief from the five-year rotation requirement for lead audit partner (Domestic must request by 12/1) (Foreign – requests made of Domestic state only)	1	N/A	EO (Grants of Relief only)	12/1 (Domestic Request) 3/1 (Grants of Relief-Domestic & Foreign)	Company	Any grant of relief must be filed with Annual Statement.
84	Relief from the one-year cooling off period for independent CPA (Domestic only – request approval of Director)	1	EO	EO (Grants of Relief only)	3/1	Company	Any grant of relief must be filed with Annual Statement.
85	Relief from the Requirements for Audit Committees	1	EO	EO	3/1	Company	
V. STATE REQUIRED FILINGS							
101	Annual Premium Tax Payment		0		3/1	State	
102	Annual Premium Tax Report	1	0	1	3/1	State	Note O
103	Certificate of Compliance	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
104	Certificate of Deposit	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
105	Certificate of Valuation	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately
107	Quarterly Tax Payment		0		5/31, 8/31, 11/30	State	Note P
108	Quarterly Tax Reports	1	0	1	5/31, 8/31, 11/30	State	Note P
109	Signed Jurat	xxx	0	xxx		NAIC	Note L
110	State Filing Fees		0		3/1	State	

*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-K APPLY TO ALL FILINGS)	IF HARD COPY NOT REQUIRED, PLEASE DO NOT SEND TO ALASKA. DOCUMENTS SUBMITTED TO ALASKA WHICH ARE NOT REQUIRED TO BE FILED (NOTE ON OUR LIST) WILL BE DESTROYED WITHOUT REVIEW
A	Required Filings Contact Person:	Rebecca Nesheim, Tax Auditor (907) 465-2584 rebecca.nesheim@alaska.gov
B	Mailing Address:	Domestic Company Financial Filings: Chief Financial Examiner Alaska Division of Insurance 550 West 7 th Avenue, Suite 1560 Anchorage, AK 99501-3567 Annual Premium Tax Report and Certificates: Tax Auditor Alaska Division of Insurance P. O. Box 110805 Juneau, AK 99811-0805 Optional: OPTins Express Mail: 333 Willoughby Avenue, 9 th Floor Juneau, AK 99801 Non-domestic Financial Filings: NAIC (unless otherwise noted) Via Electronic media Please contact NAIC for address and format of filing
C	Mailing Address for Filing Fees:	Fees must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report includes the \$100 Annual Statement Filing Fee and \$2,250 Certificate of Authority Continuation Fee. Optional is to pay via OPTins through the NAIC
D	Mailing Address for Premium Tax Payments:	Taxes must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report is to be filed at the address in Note B. Optional is to pay via OPTins through the NAIC
E	Delivery Instructions:	All filings must be postmarked no later than indicated due date. If due date falls on a weekend or holiday, then the deadline is extended to the next business day. Optional is to file annual premium tax report, attachments, and certificates via OPTins through the NAIC
F	Late Filings:	Late Annual Statement Filings Penalty: \$100.00 for each day the insurer fails to file in the form required and within the time established to the director's designee. The director's designee is as given in the checklist and these instructions. Late Tax Payment Penalty: \$50 per month plus five percent of the tax due per month up to a maximum of \$250 plus 25 percent of the tax due and interest of one percent per month. If not paid by the Automated Clearing House payment method, a penalty of 25 percent of the tax due, with a minimum of \$100 and maximum of \$2,000.
G	Original Signatures:	Original signatures required on all filings for domestic insurers. Facsimile accepted for foreign insurers
H	Signature/Notarization/Certification	Follow NAIC requirements
I	Amended Filings:	Amended filings must be filed within 30 days of completion along with an explanation of the amendment and submitted in the same format to the same address as the original filing.
J	Exceptions from normal filings:	Letter to Chief Financial Examiner, Alaska Division of Insurance, 550 W. 7 th Avenue, Suite 1560, Anchorage, AK 99501-3567
K	Bar Codes (State or NAIC):	None
L	Signed Jurat:	None
M	NONE Filings:	To be completed as required by NAIC Financial Statement Instructions
N	Filings new, discontinued or modified materially since last year:	None
O	Reminder: State Page & Schedule T	One copy of each to be filed with Annual Premium Tax Report
P	Quarterly Tax Reports and Estimated Tax Payments:	If the 2011 tax was \$10,000 or more, the insurer is required to make estimated quarterly tax payments throughout 2012. See Note F for late payments.
Q	Division of Insurance Web Site:	www.commerce.state.ak.us/insurance

**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.