

## LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

47	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	A-O
48	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
49	Workers' Compensation Carve-Out Supplement	2	EO	xxx	3/1	NAIC	A-O
<b>III. ELECTRONIC FILING REQUIREMENTS</b>							
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	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>							
71	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	A-O
72	Audited Financial Reports	2	EO	xxx	6/1	Company	A-O
73	Audited Financial Reports Exemption Affidavit	0	N/A	1	5/20	Company	A-O
74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	A-O
75	Change in Independent CPA	2	N/A	N/A	Within 5 days of Chg	Company	A-O
76	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	A-O
77	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	A-O
78	Request for Exemption/Extension to File	1	N/A	1	5/20	Company	A-O
79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A-O
80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A-O
81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A-O
<b>V. STATE REQUIRED FILINGS</b>							
101	Certificate of Compliance	0	0	1	3/1	State	A-O
102	Certificate of Deposit	0	0	1	3/1	State	A-O, P
103	Certificate of Valuation	0	0	1	8/1	State	A-O
104	Filings Checklist (with Column 1 completed)	1	0	0	3/1, 5/15, 8/15, 11/15	State	A-O
105	Premium tax	1	0	1	3/1, 4/15, 7/15, 10/15	State	A-O, Q
106	State Filing Fees	1	0	1	3/1	State	A-O
107	Signed Jurat	0	0	0	Not Applicable	NAIC	A-O
108	Detailed Listing of Investments w/Code Citations	1	0	0	3/1	Company	A-O
109	Holding Company Registration Statement (Forms B & C)	1	0	N/A	4/30	Company	A-O
110	HIPAA Assessment Worksheet	1	0	1	3/1	State	A-O, R
111#	Anti-Fraud Plan Supplemental Report#	1	0	1	Due between 1/1 and 4/1	State	A-O, S
112#	Anti-Fraud Plan Annual Summary Report#	1	0	1	Due between 1/1 and 4/1	State	A-O, S

\*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)		
A	Required Filings Contact Person:	Stewart Guerin (225) 219-3929 <a href="mailto:sguerin@ldi.la.gov">sguerin@ldi.la.gov</a>
B	Mailing Address:	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804-9214 Attn: Administrative Services
C	Mailing Address for Filing Fees:  *** Filing Fees are included in the Premium Tax Return *** (Form 1061, Schedule C, Part I, Line 8)	See Note D below
D	Mailing Address for Premium Tax Payments:  (Questions regarding premium taxes, or filing fees, should be directed to Tommy Coco, (225) 342-1012, <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a> )	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804-9214 Attn: Tax Division
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day.
F	Late Filings:	All filings not delivered in accordance with Note E above will be considered late, and may be subject to regulatory action including fines and/or suspension.
G	Original Signatures:	Original signatures required on all filings from <b>Domestic</b> companies. <b>Foreign</b> companies should follow the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification:	Signatures of at least two principal officers are required for Annual and Quarterly Statement filings.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
J	Exceptions from normal filings:	<b>Foreign</b> companies shall supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Louisiana. <b>Domestic</b> companies shall apply at least 10 days prior to the original due date.
K	Bar Codes (State or NAIC):	Not Applicable
L	Signed Jurat:	Not Applicable
M	NONE Filings:	"NONE" Filings are not required.
N	Filings new, discontinued or modified materially since last year:	No longer required: - <b>Stop Loss Worksheet</b> - <b>Signed Jurats</b> have been discontinued. - <b>Audited Financial Statements</b> are no longer required to be filed if a hard copy is filed with the state of domicile, and electronically with the NAIC.
O	Physical Street Address:	1702 North Third Street Baton Rouge, LA 70802
P	Certificate of Deposit: <i>Those companies that have received an exemption under LRS 22:804 (formerly LRS 22:1024) from having to post a Louisiana statutory deposit shall send (no later than 3/1) a Certificate of Deposit issued by the company's Domiciliary State (dated no earlier than 12/31/2011) under separate cover to the following address:</i>	Louisiana Department of Insurance 1702 North Third Street Baton Rouge, LA 70802 Attn: Statutory Deposit Division
Q	Reduction of tax when certain investments are made in Louisiana	For those insurers taking such a credit on its Louisiana premium taxes under LRS 22:832, evidence of a qualifying Louisiana investment may be established by a deposit receipt, bank statement, a letter, or other written documentation from the depository institution verifying that funds were deposited in Louisiana.
R	HIPAA Assessment Worksheet  (Questions regarding the HIPAA Assessment should be directed to Tom Portier, (225) 342-6191, <a href="mailto:tportier@ldi.la.gov">tportier@ldi.la.gov</a> )	All HMOs & insurers classified as Life or Fire & Casualty that are <b>authorized</b> to write the business of health insurance <b>must</b> complete the HIPAA Assessment Worksheet and return it along with a copy of the appropriate <b>state page</b> from each insurer's annual statement and <b>Part 2 (primary policy form numbers)</b> on or before March 1, 2012.
S	Anti-Fraud Plan (Electronic Filing):  (Questions regarding anti-fraud plan related filings should be directed to Paul Boudreaux, (225) 219-5819, <a href="mailto:pboudreaux@ldi.la.gov">pboudreaux@ldi.la.gov</a> )	Effective 1/1/2011, every insurer and HMO is required to file an anti-fraud plan with the Commissioner under LRS 22:572.1. Subsequent to the initial filing, each insurer or HMO is required to annually file both a supplemental report and an annual summary report. Please see <a href="#">Advisory Letter #2010-02</a> for further information.

**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.