FRATERNAL SOCIETIES

| COMPANY NAME: | | NAIC Company Code: | |
|-------------------------------|-----------------------------|-----------------------------------|--|
| Contact: | | Telephone: | |
| REQUIRED FILINGS IN THE S | TATE OF: LOUISIANA | Filings Made During the Year 2019 | |
| BEGINNING WITH FIRST (| QUARTER, 2019, FRATERNAL EN | NTITIES FILE ON LIFE STATEMENT. | |

| (1) | (2) | (3) | | (4) | | (5) | (6) | (7) |
|--------|------|---|-------------------------------------|----------|---------|------------------------|------------------|------------|
| Check- | Line | REQUIRED FILINGS FOR THE ABOVE STATE | NUMBER OF COPIES* Domestic Foreign | | | DUE DATE | FORM SOURCE** | APPLICABLE |
| list | # | REQUIRED FILINGS FOR THE ABOVE STATE | | | Foreign | DUEDATE | SOURCE | NOTES |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½"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 ½" x 14") LIFE BLANK | 2 | EO | XXX | 5/15, 8/15, 11/15 | NAIC | A-O |
| | 3 | Separate Accounts Annual Statement (8 ½"x 14") | 2 | EO | XXX | 3/1 | NAIC | A-O |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | VVV | 4/1 | NAIC | A-O |
| | 12 | Analysis of Annuity Operations by Lines of Business | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 13 | Analysis of Increase in Annuity Reserves During Year | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 14 | Interest Sensitive Life Insurance Products Report | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 15 | Long-Term Care Experience Reporting Forms | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 16 | Management Discussion & Analysis | 2 | EO | XXX | 4/1 | Company | A-O |
| | 17 | Medicare Part D Coverage Supplement | 2 | EO | XXX | 3/1 ,5/15, 8/15, 11/15 | NAIC | A-O |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | XXX | 3/1 | NAIC | A-O |
| | 19 | Risk-Based Capital Report | 2 | EO | XXX | 3/1 | NAIC | A-O |
| | 20 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | A-O |
| | 21 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 22 | Supplemental Health Care Exhibit's Allocation Report | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 23 | Supplemental Investment Risk Interrogatories | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | l | Supplemental Term and Universal Life Insurance | | | | | | |
| | 24 | Reinsurance Exhibit | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 25 | Trusteed Surplus Statement | 2 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | A-O |
| | 26 | Variable Annuities Supplement | 2 | EO | XXX | 4/1 | NAIC | A-O |
| | 27 | VM 20 Reserves Supplement | 2 | EO | XXX | 3/1 | NAIC | A-O |
| | | Actuarial Related Items | | | | | | |
| | | Actuarial Related Items Actuarial Certification regarding use 2001 Preferred Class | | | | | | |
| | 28 | Table | 2 | EO | xxx | 3/1 | Company | A-O |
| | | Actuarial Certification Related Annuity Nonforfeiture | _ | | | 572 | Company | |
| | 29 | Ongoing Compliance for Equity Indexed Annuities | 2 | EO | XXX | 3/1 | Company | A-O |
| | | Actuarial Certification Related to Hedging required by | | | | | | |
| | 30 | Actuarial Guideline XLIII | 2 | EO | XXX | 3/1 | Company | A-O |
| | | Actuarial Certification Related to Reserves required by | | | | | | |
| | 31 | Actuarial Guideline XLIII | 2 | EO | XXX | 3/1 | Company | A-O |
| | 32 | Actuarial Memorandum Related to Universal Life with | 2 | N/A | | 4/20 | C | 4.0 |
| | 32 | Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 2 | IN/A | XXX | 4/30 | Company | A-O |
| | 33 | Actuarial Opinion | 2 | EO | XXX | 3/1 | Company | A-O |
| | 33 | Executive Summary of the PBR Actuarial Report (if VM | 2 | LO | ΛΛΛ | 3/1 | Company | A-0 |
| | 34 | early adopted) | 2 | N/A | xxx | 4/1 | Company | A-O |
| | | Actuarial Opinion on Separate Accounts Funding | | - ,, | | | 2 22 2 2 2 2 2 | |
| L | 35 | Guaranteed Minimum Benefit | 2 | EO | xxx | 3/1 | Company | A-O |
| | | Actuarial Opinion on Synthetic Guaranteed Investment | | | | | | |
| | 36 | Contracts | 2 | EO | XXX | 3/1 | Company | A-O |
| | 37 | Actuarial Opinion on X-Factors | 2 | EO | XXX | 3/1 | Company | A-O |
| | 0.0 | Actuarial Opinion required by Modified Guaranteed | _ | | | | | |
| | 38 | Annuity Model Regulation | 2 | EO | XXX | 3/1 | Company | A-O |
| | 39 | Financial Officer Certification Related to Clearly Defined | 2 | EO | ***** | 3/1 | Company | 1,0 |
| | 40 | Hedging Strategy required by Actuarial Guideline XLIII Life PBR Exemption | 2 | EO | XXX | LDI 7/1; NAIC 8/15 | Company | A-O A-O |
| | 40 | Management Certification that the Valuation Reflects | | EU | XXX | LD1 //1, INAIC 0/13 | Company | A-U |
| | 41 | Management's Intent required by Actuarial Guideline | 2 | EO | xxx | 3/1 | Company | A-O |
| | | XLIII | ~ | === | | | Company | |
| | 42 | RAAIS required by Valuation Manual | 2 | N/A | XXX | 4/1 | Company | A-O |
| | | Reasonableness & Consistency of Assumptions | | | | | 1 | |
| | 43 | Certification required by Actuarial Guideline XXXV | 2 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | Company | A-O |
| | | Reasonableness of Assumptions Certification required by | | | | | | |
| | 44 | Actuarial Guideline XXXV | 2 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | Company | A-O |
| | | Reasonableness & Consistency of Assumptions | _ | | | | | 1 |
| 1 | 45 | Certification required by Actuarial Guideline XXXVI | 2 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | Company | A-O |
| 1 | | (Updated Average Market Value) | | <u> </u> | l | l | | |

| | | Reasonableness & Consistency of Assumptions | | | | | | |
|--|-----|--|----------|-------|------|-------------------------|---------|--------|
| | 46 | Certification required by Actuarial Guideline XXXVI (Updated Market Value) | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | Company | A-O |
| | 47 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | 2 | ЕО | xxx | 3/1, 5/15, 8/15, 11/15 | Company | A-O |
| <u> </u> | 48 | RBC Certification required under C-3 Phase I | 2 | EO | XXX | 3/1 | Company | A-O |
| <u> </u> | 49 | RBC Certification required under C-3 Phase II | 2 | EO | | 3/1 | 1 , | A-O |
| - | | | | | XXX | | Company | |
| <u> </u> | 50 | Statement on non-guaranteed elements – Exhibit 5 Int. #3 | 2 | EO | XXX | 3/1 | Company | A-O |
| | 51 | Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2 | 2 | EO | xxx | 3/1 | Company | A-O |
| | | | | | | | | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 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 LIFE BLANK | XXX | EO | XXX | 5/15, 8/15 & 11/15 | NAIC | |
| | 70 | Quarterly PDF Filing LIFE BLANK | XXX | EO | XXX | 5/15, 8/15 & 11/15 | NAIC | |
| h + | 71 | June .PDF Filing | | EO | 1 | 6/1 | NAIC | + |
| - | /1 | Julie .PDF Filling | XXX | EU | XXX | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 0.1 | | 2 | FO | DT/A | C/1 | C | 4 D |
| | 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company | A-P |
| | 82 | Audited Financial Reports | 2 | EO | XXX | 6/1 | Company | A-P |
| | 83 | Audited Financial Reports Exemption Affidavit | 0 | N/A | 1 | 5/20 | Company | A-P |
| | | Communication of Internal Control Related Matters Noted | | | | | | |
| | 84 | in Audit | 2 | EO | N/A | 8/1 | Company | A-P |
| | 85 | Independent CPA (change) | 2 | N/A | N/A | Within 5 days of Change | Company | A-P |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 8/1 | Company | A-P |
| | 87 | Notification of Adverse Financial Condition | 2 | N/A | N/A | 6/1 | Company | A-P |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | N/A | 3/1 | Company | A-P |
| | | Relief from the one-year cooling off period for | | | | | 1 1 | |
| | 89 | independent CPA | 1 | EO | N/A | 3/1 | Company | A-P |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | N/A | 3/1 | Company | A-P |
| | - | Request for Exemption to File Management's Report of | <u> </u> | · · · | | | r r | 1 |
|] | 91 | Internal Control Over Financial Reporting | 1 | N/A | N/A | 7/1 | Company | A-P |
| | 92 | Request for Exemption/Extension to File | 1 | N/A | 1 | 5/20 | Company | A-O |
| | 72 | request for Exemption Extension to The | 1 | 11/11 | 1 | 5,20 | Company | 11.0 |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Corporate Governance Annual Disclosure*** | 0 | 0 | N/A | Per State of Domicile | Company | A-O |
| | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 | 3/1, 5/15, 8/15, 11/15 | State | |
| | | č i | | | | | | A-O |
| <u> </u> | 103 | Form B & C-Holding Company Registration Statement | 1 | 0 | N/A | 4/30 | Company | A-O |
| <u> </u> | 104 | Form F-Enterprise Risk Report **** | 1 | 0 | N/A | 4/30 | Company | A-O |
| | 105 | ORSA **** | 1 | 0 | N/A | 12/1 | Company | A-O |
| <u> </u> | 106 | Premium tax | 0 | 0 | 0 | Not Applicable | State | A-O |
| | 107 | State Filing Fees (\$25) | 1 | 0 | 1 | 3/1 | State | A-O |
| | 108 | Signed Jurat | XXX | 0 | XXX | Not Applicable | NAIC | A-O |
| | 109 | Certificate of Compliance (See Note Q) | 0 | 0 | 1 | 3/1 | State | A-O, Q |
| | 110 | Certificate of Deposit (See Note R) | 0 | 0 | 1 | 3/1 | State | A-O, R |
| | 111 | Certificate of Valuation (See Note Q) | 0 | 0 | 1 | 3/1 | State | A-O, Q |
| | 112 | Detailed Listing of Investments w/Code Citations | 1 | 0 | 0 | 3/1 | Company | A-O |
| | | | | | | | 1 7 | |
| | | | L | | | I | | 1 |

^{*}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.

^{***}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 not 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

*****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.

Highlighted items are new, or changes, for 2019.

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILIN | (GS) | | | |
|---|---|---|---|--|--|
| A | Required Filings Contact Person: | Stewart Guerin (225) 219-3929 | | | |
| | | sguerin@ldi.la.gov | | | |
| В | Mailing Address: | MAILING Louisiana Department of Insurance Administrative Services P. O. Box 94214 Baton Rouge, LA 70804-9214 | PHYSICAL Louisiana Department of Insurance Administrative Services 1702 North 3rd Street Baton Rouge, LA 70802 | | |
| С | Mailing Address for Filing Fees (\$25): | MAILING Louisiana Department of Insurance Insurance Premium Tax Division P. O. Box 94214 Baton Rouge, LA 70804-9214 | PHYSICAL Louisiana Department of Insurance Insurance Premium Tax Division 1702 North 3rd Street Baton Rouge, LA 70802 | | |
| D | Mailing Address for Premium Tax Payments: | Not Applicable | | | |
| Е | Delivery Instructions: | All filings must be <u>postmarked</u> 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 notarized signatures required on all filings from Domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions. | | | |
| Н | 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: | Foreign 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. Domestic 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: | Line 34 - Executive Summary of the PBR Actuarial Report (if VM early adopted) BEGINNING WITH FIRST QUARTER, 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT | | | |
| 0 | Physical Street Address: | 1702 North Third Street Baton Rouge, LA 70802 | | | |
| P | Audited Financial Statements | No longer required to file hard copy if a hard copy is filed with the state of domicile, and electronically with the NAIC. | | | |
| Q | Certificates of Compliance & Valuation (Electronic Filings): | Each insurer shall electronically submit a Certificate of Compliance & Certificate of Valuation from its domiciliary state to the following email address: administrativeservices@ldi.la.gov . | | | |
| R | Certificate of Deposit (Electronic Filing): | Insurers shall submit a Certificate of Deposit issued by the insurer's domiciliary state (dated no earlier than 12/31/2018) to the following email address: statutorydeposits@ldi.la.gov Questions regarding statutory deposits should be directed to Ashley Murphy, (225) 342-1259, amurphy@ldi.la.gov | | | |

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 investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files 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 investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplemental .PDF Filing* is the .pdf file for all supplements 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 (E) 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 (generally, on its website). 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.