## HEALTH ENTITIES – Revised 02/22/07 – Changes marked in red.

COMPANY NAME:		NAIC Company Code:
Contact:		Telephone:
REQUIRED FILINGS IN THE STATE OF:	TEXAS	Filings Made During the Year 2007

t   #   REQUIRED FILNOS FOR THE ABOVE STATE Sum 2011   Foreign bit 2011   DUE DATE   SOURCE**   NOTES     I   A.MAIC   See 2011   I   Xxx   SUBCE**   NOTES     I   A.MAIC   See 2011   I   Xxx   SUBCE**   NAIC   Source 2011     I   A.MAIC   Sum 30 Statement (B V/Y L4')   I   I   Xxx   SUB   NAIC   Q. AA     2   Quarterly Financial Statement (B V/Y L4')   I   I   Xxx   SUB   NAIC   Q. AA     10   A.exident & Health Palory Experience Exhibit   I   I   Xxx   AI   NAIC   Q     112   Increament Risk Interrogatories   I   I   Xxx   AI   NAIC   Q     133   L46 Supplemental Data due April 1   I   I   Xxx   AI   NAIC   Q     14   L16 Supplemental Data due April 1   I   I   Xxx   AI   NAIC   Q     15   Long-term Casataly Suplement (Burance Experience Exhibit   I<	(1) (2) Check- Line		(3) (4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE		
State   NAC   State   NAC   State     1   Annual Statement (8 ½ X L <sup>2</sup> )   1   1   xxx   3/1   NAIC   Q.AA     1.1   Printed Investment (8 ½ X L <sup>2</sup> )   1   1   xxx   3/1   NAIC   Q.AA     2   Quarterly Financial Statement (8 ½ X L <sup>2</sup> )   1   1   xxx   3/1   NAIC   Q.AA     2   Quarterly Financial Statement (8 ½ X L <sup>2</sup> )   1   1   xxx   3/1   NAIC   Q.AA     2   Quarterly Financial Statement (8 ½ x L <sup>2</sup> )   1   1   xxx   3/1   NAIC   Q.AA     10   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q     11   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q     12   Investment Risk Interogatories   1   1   xxx   4/1   NAIC   Q     13   Life Supplemental Data due April   1   1   xxx   4/1   NAIC<	list		DEQUIDED EILINGS EOD THE ADOVE STATE					FORM	
I   NAIC FINANCIAL STATEMENTS   I   I   Xxx   State   State     1   Annual Statement (8 v2 X1 ar)   1   1   xxx   3/1   NAIC   K, Q, AA     2   Quarterly Financial Statement (8 v2 X 14 <sup>-</sup> )   1   1   xxx   3/1   NAIC   K, Q, AA     2   Quarterly Financial Statement (8 v2 X 14 <sup>-</sup> )   1   1   xxx   3/1   NAIC   K, Q, AA     10   Accident & Hoalth Policy Experience Exhibit   1   1   xxx   4/1   NAIC   O     113   Life Supplemental Data des March 1   1   1   xxx   4/1   NAIC   O     13   Life Supplemental Data des Aporting Forms   1   1   xxx   4/1   NAIC   O     14   Life Supplemental Data des Aporting Forms   1   1   xxx   4/1   NAIC   O     15   Life Supplemental Data des Aporting Forms   1   1   xxx   4/1   NAIC   O     16   Infinint Markin Boront   1 <t< th=""><th>π</th><th>REQUIRED HEROSTOR THE ADOVE STATE</th><th>-</th><th></th><th></th><th>DUEDATE</th><th>SOURCE</th><th>NOTES</th></t<>		π	REQUIRED HEROSTOR THE ADOVE STATE	-			DUEDATE	SOURCE	NOTES
1   Annual Statement (b \split \split \split)   1   1   NAIC   K, Q, AA     1.1   Printed Investment (b \split \split \split)   1   1   xxx   3/1   NAIC   Q, AA     2   Quarterly Financial Statement (b \split \split \split)   1   1   xxx   3/1   NAIC   K, Q, AA     1   1   1   1   xxx   3/1   NAIC   Q, AA     1   1   1   1   1   xxx   3/1   NAIC   Q, AA     1   1   1   1   1   xxx   3/1   NAIC   Q     1   1   1   1   xxx   3/1   NAIC   Q     1   1   1   1   xxx   3/1   NAIC   Q     1   1   xxx   3/1   NAIC   Q   Q     1   1   xxx   3/1   NAIC   Q   Q     1   1   xxx   3/1   NAIC   Q   Q			I NAIC FINANCIAL STATEMENTS						
1.1   Primed Investment Schedule detail (Pages ED1-E25)   1   1   xxx   3/1   NAIC   Q.AA     2   Quarterly Financial Statement (8 ½" x 14")   1   1   xxx   5/15,8/15,   NAIC   K.Q.AA     10   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q.     11   Actuarial Opinion   1   1   xxx   4/1   NAIC   Q.     12   Investment Rok. Interngatories   1   1   xxx   4/1   NAIC   Q.     13   Life Supplemental Data due April   1   1   xxx   4/1   NAIC   Q.     14   Life Supplemental Data due April   1   1   xxx   4/1   NAIC   Q.     15   Long-term Care Experience Reprinits Forms   1   1   xxx   4/1   NAIC   Q.     16   Management Discussion & Analysis   1   1   xxx   3/1   NAIC   Q.     17   Medicare Supplement due April   1		1		1	1	vvv	3/1	NAIC	ΚΟΑΑ
2   Quarterly Financial Statement (# ½" x 14")   1   1   1   xxx   5015, 8/15, 11, 11/15   NAIC   K, Q, AA     III   III   III   III   xxx   5015, 8/15, 11, 11/15   NAIC   K, Q, AA     IIII   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q     IIII   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q     IIII   Accident & Health Policy Experience Exhibit   1   1   xxx   4/1   NAIC   Q     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		-		1	-				
Intervention   Intervention   Intervention   Intervention     Intervention   Intervention   Intervention   Intervention   Intervention     Intervention   Intervention   Intervention   Intervention   Intervention   Intervention     Intervention   Intervention   Intervention   Intervention   Intervention   Intervention   Intervention     Intervention   Intervention   Intervention   Intervention   Intervention   Intervention   Intervention     Intervention   Intervention   Intervention   Intervention   Intervention   Intervention   Intervention   Intervention     Intervention									
10Accident & Health Policy Experience Exhibit11 $xxx$ $4/1$ NAICQ11Actuarial Opinion11 $xxx$ $3/1$ CompanyQ12Investmont Risk Interrogatories11 $xxx$ $3/1$ NAICQ13Life Supplemental Data due Arch 111 $xxx$ $4/1$ NAICQ14Life Supplemental Data due Arch 111 $xxx$ $4/1$ NAICQ15Long-term Care Experience Reporting Forms11 $xxx$ $4/1$ NAICQ16Management Discussion & Analysis11 $xxx$ $3/1$ NAICQ17Medicare Supplement Insurance Experience Exhibit11 $xxx$ $3/1$ NAICQ18Medicare Supplement due March 111 $xxx$ $3/1$ NAICQ20Property/Casually Supplement due April 111 $xxx$ $3/1$ NAICQ21Risk-Based Capital Report01 $xxx$ $3/1$ NAICQ22Schedule SI1N/AN/A $3/1$ NAICQ23Supplemental Compensation Exhibit1N/AN/A $3/1$ NAICQ24Risk-Based Capital Report01 $xxx$ $3/1$ NAICQ23Supplemental Electronic Filing $xxx$ 1 $xxx$ $3/1$ NAICQ24Risk-Based Capital Electronic Filing </td <td></td> <td>-</td> <td></td> <td>1</td> <td>1</td> <td>АЛА</td> <td></td> <td>Tune</td> <td>n, ç, m</td>		-		1	1	АЛА		Tune	n, ç, m
11   Actuarial Opinion   1   1   xxx   3/1   Company   Q     12   11 messment Risk Interrogatories   1   1   xxx   4/1   NAIC   Q     14   Life Supplemental Data due March 1   1   1   xxx   4/1   NAIC   Q     15   Long-term Care Experience Reporting Forms   1   1   xxx   4/1   NAIC   Q     16   Management Discussion & Analysis   1   1   xxx   4/1   NAIC   Q     17   Medicare Supplement Instructs Experience Exhibit   1   1   xxx   3/1, S/1S,   NAIC   Q     20   Property/Casualty Supplement due April   1   1   xxx   3/1   NAIC   Q     21   Risk-Based Capital Report   0   1   xxx   3/1   NAIC   Q     22   Schedule SIS   1   N/A   N/A   3/1   NAIC   Q,Z     23   Supplemental acompensation Exhibit   1   N/A   N/A			II. NAIC SUPPLEMENTS						
11   Actuarial Opinion   1   1   xxx   3/1   Company   Q     12   11 messment Risk Interrogatories   1   1   xxx   4/1   NAIC   Q     14   Life Supplemental Data due March 1   1   1   xxx   4/1   NAIC   Q     15   Long-term Care Experience Reporting Forms   1   1   xxx   4/1   NAIC   Q     16   Management Discussion & Analysis   1   1   xxx   4/1   NAIC   Q     17   Medicare Supplement Instructs Experience Exhibit   1   1   xxx   3/1, S/1S,   NAIC   Q     20   Property/Casualty Supplement due April   1   1   xxx   3/1   NAIC   Q     21   Risk-Based Capital Report   0   1   xxx   3/1   NAIC   Q     22   Schedule SIS   1   N/A   N/A   3/1   NAIC   Q,Z     23   Supplemental acompensation Exhibit   1   N/A   N/A		10	Accident & Health Policy Experience Exhibit	1	1	XXX	4/1	NAIC	Q
13   Life Supplemental Data due March 1   1   1   1   NAIC   Q     14   Life Supplemental Data due April 1   1   1   xxx   4/1   NAIC   Q     15   Long-term Care Experience Reporting Forms   1   1   xxx   4/1   NAIC   Q     16   Management Discussion & Analysis   1   1   xxx   4/1   NAIC   Q     17   Medicare Supplement Insurance Experience Exhibit   1   1   xxx   3/1, S1, S1, S1   NAIC   Q     18   Medicare Supplement due Arch 1   1   1   xxx   3/1, S1, S1, S1   NAIC   Q     20   Property/Casually Supplement due Arch 1   1   1   xxx   3/1   NAIC   Q     21   Risk-Based Capital Report   0   1   xxx   3/1   NAIC   Q     22   Schedule SIS   1   N/A   N/A   3/1   NAIC   Q,Z     31   Match PDF Filing   xxxx   1   xxx   3/1 </td <td></td> <td>11</td> <td></td> <td>1</td> <td>1</td> <td>XXX</td> <td>3/1</td> <td>Company</td> <td>Q</td>		11		1	1	XXX	3/1	Company	Q
13   Life Supplemental Data due March 1   1   1   1   NAIC   Q     14   Life Supplemental Data due April 1   1   1   xxx   4/1   NAIC   Q     15   Long-term Care Experience Reporting Forms   1   1   xxx   4/1   NAIC   Q     16   Management Discussion & Analysis   1   1   xxx   4/1   NAIC   Q     17   Medicare Supplement Insurance Experience Exhibit   1   1   xxx   3/1, S1, S1, S1   NAIC   Q     18   Medicare Supplement due Arch 1   1   1   xxx   3/1, S1, S1, S1   NAIC   Q     20   Property/Casually Supplement due Arch 1   1   1   xxx   3/1   NAIC   Q     21   Risk-Based Capital Report   0   1   xxx   3/1   NAIC   Q     22   Schedule SIS   1   N/A   N/A   3/1   NAIC   Q,Z     31   Match PDF Filing   xxxx   1   xxx   3/1 </td <td></td> <td>12</td> <td>Investment Risk Interrogatories</td> <td>1</td> <td>1</td> <td>XXX</td> <td>4/1</td> <td>NAIC</td> <td>Q</td>		12	Investment Risk Interrogatories	1	1	XXX	4/1	NAIC	Q
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17Medicare Supplement Insurance Experience Exhibit11xxx3/1NAICQ18Medicare Part D Coverage Supplement111xxx3/1, 5/15, NAICNAICN, Q20Property/Casualty Supplement due April 1111xxx3/1NAICQ20Property/Casualty Supplement due April 1111xxx3/1NAICQ21Risk-Based Capital Report01xxx3/1NAICO, Y22Schedule SIS1N/AN/A3/1NAICK, R23Supplemental Compensation Exhibit1N/AN/A3/1NAICK, R24Supplemental Concenter Filingxxx1xxx3/1NAICO, Z30Annual Statement Electronic Filingxxx1xxx3/1NAICO, Z31March - DPF Filingxxx1xxx3/1NAICO, Z33Supplemental Electronic Filingxxx1xxx4/1NAICO, Z34Supplemental Electronic Filingxxx1xxx4/1NAICO, Z35June PDF Filing ( <i>Audited Financial Report</i> )xxx1xxx4/1NAICO, Z36Quarterly Electronic Filingxxx1xxx6/30NAICO, Z37Quarterly Electronic Filingxxx1xxx6/30NAICO, Z36June P		15	Long-term Care Experience Reporting Forms	1	1	XXX	4/1	NAIC	Q
17Medicare Supplement Insurance Experience Exhibit11xxx3/1NAICQ18Medicare Part D Coverage Supplement111xxx3/1, 5/15, NAICNAICN, Q20Property/Casualty Supplement due April 1111xxx3/1NAICQ20Property/Casualty Supplement due April 1111xxx3/1NAICQ21Risk-Based Capital Report01xxx3/1NAICO, Y22Schedule SIS1N/AN/A3/1NAICK, R23Supplemental Compensation Exhibit1N/AN/A3/1NAICK, R24Supplemental Concenter Filingxxx1xxx3/1NAICO, Z30Annual Statement Electronic Filingxxx1xxx3/1NAICO, Z31March - DPF Filingxxx1xxx3/1NAICO, Z33Supplemental Electronic Filingxxx1xxx4/1NAICO, Z34Supplemental Electronic Filingxxx1xxx4/1NAICO, Z35June PDF Filing ( <i>Audited Financial Report</i> )xxx1xxx4/1NAICO, Z36Quarterly Electronic Filingxxx1xxx6/30NAICO, Z37Quarterly Electronic Filingxxx1xxx6/30NAICO, Z36June P		16	Management Discussion & Analysis	1	1	XXX	4/1	Company	K, Q
18Medicare Part D Coverage Supplement111 $xxx$ $3/1, 5/15, 8/15, 1/15$ NAICN, Q19Property/Casualty Supplement due March 1111 $xxx$ $3/1, 5/15, 8/15, 1/15$ NAICQ20Property/Casualty Supplement due April 1111 $xxx$ $3/1, 1/15, 8/15, 1/15$ NAICQ21Risk-Based Capital Report01 $xxx$ $3/1, 1/15, 8/15, 1/$		17	Medicare Supplement Insurance Experience Exhibit	1	1		3/1		
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21Risk-Based Capital Report01xxx3/1NAIC $\dot{0}, Y$ 22Schedule SIS1N/AN/A3/1NAICR23Supplemental Compensation Exhibit1N/AN/A3/1NAICR23March .PDF Filingxxx1N/AN/A3/1NAICQ30Annual Statement Electronic Filingxxx1xxx3/1NAICO, Z31March .PDF Filingxxx1xxx3/1NAICO, Z32Risk-Based Capital Electronic Filingxxx1xxx3/1NAICO, Z33Supplemental Electronic Filingxxx1xxx4/1NAICO, Z34Supplemental Electronic Filingxxx1xxx4/1NAICO, Z35June .PDF Filing (Audited Financial Report)xxx1xxx6/30NAICO, Z36Quarterly Electronic Filingxxx1xxx1/15NAICO, Z37Quarterly .PDF Filingxxx1xxx5/15, 8/15, NAICO, Z51Accountants Letter of Qualifications (TIC Art. 1.15A § 16A)1xxxxxx6/30CompanyR, AG52Audited Financial Statements Exemption Affidavit (See note A Audited Financial Statements Exemption Affidavit		19	Property/Casualty Supplement due March 1	1	1	XXX	3/1	NAIC	Q
22Schedule SIS1N/AN/A3/1NAICR23Supplemental Compensation Exhibit1N/AN/A3/1NAICK, R23Supplemental Compensation Exhibit1N/AN/A3/1NAICK, R30Annual Statement Electronic Filingxxx1xxx3/1NAICO, Z31March.PDF Filingxxx1xxx1xxx3/1NAICO, Z32Risk-Based Capital Electronic Filingxxx1xxx3/1NAICO, Z33Supplemental Electronic Filingxxx1xxx4/1NAICO, Z34Supplemental PDF Filing (Audited Financial Report)xxx1xxx4/1NAICO, Z35June PDF Filing (Audited Financial Report)xxx1xxx6/30NAICO, Z36Quarterly PDF Filingxxx1xxx1xxx5/15, 8/15, NAICO, Z37Quarterly.PDF Filingxxx1xxxxx6/30CompanyR51Accountants Letter of Qualifications ( <i>TIC Art.1.15A § 16A</i> )1xxxxxx6/30CompanyR, AG52Audited Financial Statements ( <i>CPA Report I)</i> 11xxxxxx6/30CompanyR, AG54Independent CPA (Designation of Accountant–See Intent Form See note AF - TIC Art. 1.15A §10A)1xxxxxx1/2/31/06CompanyR, AG5		20	Property/Casualty Supplement due April 1	1	1	XXX	4/1	NAIC	Q
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32Risk-Based Capital Electronic Filingxxx1xxx3/1NAIC0, Z33Supplemental Electronic Filingxxx1xxx4/1NAIC0, Z34Supplemental .PDF Filing (Audited Financial Report)xxx1xxx4/1NAIC0, Z35June .PDF Filing (Audited Financial Report)xxx1xxx6/30NAIC0, Z, AD36Quarterly Electronic Filingxxx1xxx5/15, 8/15, NAIC0, Z37Quarterly Electronic Filingxxx1xxx5/15, 8/15, NAIC0, Z37Quarterly .PDF Filingxxx1xxx5/15, 8/15, NAIC0, Z37Quarterly Electronic Filingxxx1xxx5/16, 8/15, NAIC0, Z38Audited Financial Statements ( <i>PLA Report</i> )11xxx6/30CompanyR, Q, AD51Accountants Letter of Qualifications ( <i>TL Art. 1.15A</i> § 16A)1xxxxxx6/30CompanyR, AG54Independent CPA (Designation of Accountant –See Intent FormSee note Ar. TIC Art. 1.15A § 1)1xxx		30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	0, Z
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58 Request to File Consolidated Andited Annual Statements 1 xxx xxx 12/31/06 Company P, AH		57		1	xxx	xxx	6/30	Company	P, AG

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC 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. \*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

(1) Check-	(2) Line	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM SOURCE**	(7) APPLICABLE	
list	#	REQUIRED FILINGS FOR THE ABOVE STATE		Domestic Forei			DUE DATE	NOTES
			State	NAIC	State			
		V. STATE REQUIRED FILINGS						
	101	Accountants Letter of Awareness Pursuant to TIC Art. 1.15(A)§11	1	N/A	N/A	12/31	Accountant	R, AF
	102	Annual Holding Company Registration Statement (Form B)	1	N/A	N/A	4/30	Company	C, AE
	103	Biographical Affidavit	1	N/A	1	3/1	State	P, X
	104	Certificate of Compliance – of Advertising	1	N/A	1	3/1	State	Р
	105	Certificate of Compliance – of Authority	N/A	N/A	N/A	N/A	State	U
	106	Certificate of Deposit	N/A	N/A	N/A	N/A	State	U
	107	Certificate of Valuation	N/A	N/A	N/A	N/A	State	U
	108	Company Details Sheet (will be mailed to companies- <i>call</i> 512-322-3507 w/questions)	1	N/A	1	3/1	State	Р
	109	Filings Checklist (with Column 1 completed)	XXX	1	XXX	3/1	State	0
	110	Premium tax (file with Texas Comptroller of Accounts)	1	N/A	1	Varies	State	D, P, V
	111	Signed Jurat page (only)	XXX	N/A	1	3/1, 5/15, 8/15, 11/15	NAIC	K, L, P, AA
	112	State Filing Fees (Annual Statements)	1	N/A	1	Varies	State	C, P
	113	Texas Officers and Directors Page	1	N/A	N/A	3/1	State	P, R
	114	Texas Overhead Assessment Exemption Form	1	N/A	N/A	3/1	State	P, R
	115	Texas HMO Supplement (to be filed hard copy with the Department)	1	0	1	3/1, 5/15, 8/15, 11/15	State	Р
	116	HMO Annual Data (to be filed hard copy and electronically with the Department)	1	0	1	3/1	State	Р
	117	HMO Quarterly Data (to be filed hard copy and electronically with the Department)	1	0	1	5/15, 8/15, 11/15	State	Р
	118	Request for Permitted Accounting Practice	1	N/A	N/A	As Needed	Company	P, AI
	119	Analysis of Surplus – to be filed ONLY by Life, Accident and Health companies filing the orange Health blank	1	N/A	N/A	3/1	State	P, AB

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC 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. \*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

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	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Kristine Ehrlich (512) 322-5030 kristine.ehrlich@tdi.state.tx.us
B	Mailing Address:	Texas Department of Insurance Financial Analysis & Examinations 333 Guadalupe St MC 303-1A Austin TX 78701
C	Mailing Address for Annual Statement Filing Fees:	Comptroller of Public Accounts 111 E 17th St Austin TX 78774-0100 (512) 463-4600 (800) 252-1387
	Mailing Address for NAIC Filing Fees (now paid by Insurers to the NAIC):	To be filed together with the NAIC filings. See www.naic.org for details.
	Mailing Address for Form B and other Holding Company Filing Fees:	Complete the form below and send to the Department: <u>http://www.tdi.state.tx.us/comp</u> <u>any/fm_forms/index.html</u> (Scroll down to Miscellaneous Forms and select the Cashier's Form).
D	Mailing Address for Texas Premium Tax Payments:	Comptroller of Public Accounts 111 E 17th St Austin TX 78774-0100 (512) 463-4600 (800) 252-1387
E	Delivery Instructions: Filings must be postmarked by due date. If due date falls on a weekend or federal holiday, then due date is next business day.	Texas Department of Insurance Financial Analysis & Examinations 333 Guadalupe St MC 303-1A Austin TX 78701
F		Penalties and fines for late filings are provided for by the Texas Insurance Code.
G	Original Signatures:	Required of domestic companies by the top two officers (one being the company president) (foreign also see note L).

	H	Signature/Notarization/Certification:	Original for domestic companies. Facsimile for foreign companies (foreign also see note L).
	I	Amended Filings:	To be submitted with cover letter and Jurat signed by top two officers (one being the company president). If more than five pages are amended, submit an entire statement including Jurat with appropriate signatures.
	J	Exceptions from normal filings:	None.
	К	Barcodes (State or NAIC)	NAIC Barcodes are required.
	L	Signed Jurat	Top two officers, one being the President.
	Μ	NONE Filings:	"NONE" bar codes are allowed.
	Ν	Filings new, discontinued or modified materially since last year.	
	0	Filed with the NAIC only.	
	Ρ	Filed with Texas only.	
	Q	Filed with the NAIC and Texas	
	R	Required of Texas domestic companies only.	
	S	Required of foreign companies only.	
	Т	Required of Texas domestic and foreign companies.	
	U	Not required to be filed.	
	V	To be filed with the State of Texas Comptroller of Public Accounts.	Comptroller of Public Accounts 111 E 17th St Austin TX 78774-0100 (512) 463-4600 (800) 252-1387
	W	Texas Officers and Directors.	Required of Texas <mark>domestic</mark> companies, only if information has changed.
	X	Biographical Affidavit.	Foreign insurers: list President, Secretary and Treasurer only if the information has changed. Domestic insurers: list the officers and directors from the Department's Officers and Directors page only if the information has changed.
	Υ	Risk-Based Capital Report.	Required upon request.
1	Z	To be filed electronically with the NAIC.	

AA	Foreign companies.	Foreign companies shall file a Signed Jurat page with the Texas Department if not filing a paper copy of the Annual and Quarterly Statements with the Department.
AB	Analysis of Surplus	To be filed only by Life, Accident and Health companies filing the orange Health blank.
AC	Recommended, not required.	
AD	Audited Financial Statements	Domestic Insurers: File hard copy with TDI. Foreign Insurers: The Department will accept Annual Audited Financial Statements filed with the NAIC in accordance with the NAIC Electronic Filing Submission Directive in lieu of filing a hard copy with the Department. Any companies receiving a Notification of Adverse Financial Condition or a Report of Significant Deficiencies in Internal Control must file a hard copy with the Department.
AE	Annual Holding Company Registration Statement (Form B)	Applies to all Texas domestic and Commercially domiciled insurers that are subject to the Insurance Holding Company System Regulatory Act. Chapter 823 (Formerly Article 21.49-1§3).
AF	CPA Audited Financial Statement – Intent Form (Texas Domestic Companies Only)	Complete this Texas supplemental form available through TDI website: (Domestics Only). http://www.tdi.state.tx.us/forms /finanalysis/fin244cpaintent.do c (Word format) or http://www.tdi.state.tx.us/forms /finanalysis/fin244cpaintent.pdf (PDF format).

AG	CPA Audited Financial Statement – Affidavit for Exemption	Generally, an insurer may qualify for an exemption to file a CPA report if direct written premiums in Texas were less than \$1 million. Insurers that have more than \$1 million in assumed premiums are not exempt. See Article 1.15A §4(a) of the Texas Insurance Code for more information. (See links below). http://www.tdi.state.tx.us/forms /finanalysis/fin246cpaexeaff.do c (Word format) or
		/finanalysis/fin246cpaexeaff.pd
AH	Request to file Consolidated Audited Annual Statement	<u>f</u> (PDF format). Refer to TIC Art. 1.15A §13
AI	Request for Permitted Accounting Practice to be sent to: Cathy Lockett-Conniff Associate Chief Examiner, Examinations Division Texas Department of Insurance 333 Guadalupe St MC 305-2E Austin TX 78701	Include the requested practice, the referenced SSAP number, the reason for the request, and the financial impact of the request.
AJ	Holding Company Filings	File Holding Company documents with the Department if any insurer in the group is a Texas Domestic. Foreign insurers file hard copy with their Domestic State.
AK	Actuarial Opinion Summary	Property and Casualty Actuarial Opinion Summary (28 TAC §7.9) Confidential filing – file separately per Rule. Mail to: Texas Department of Insurance Actuarial Division MC302-3A 333 Guadalupe St. Austin TX 78701 or electronically to <u>ActuarialDivision@tdi.state.tx.</u> <u>us</u>

#### 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 send mailing labels and other information to all companies but will not be sending their own checklist this year.

# <u>Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.</u>

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

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Electronic Filing includes the complete quarterly filing and the PDF files for all quarterly data.

The Quarterly .PDF Filing is the .pdf file for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements.

#### 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 have chosen 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 the state web site). 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.