

**FRATERNAL SOCIETIES**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2019**

**BEGINNING WITH FIRST QUARTER 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT**

| (1)<br>Check-list                   | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE   | (4)<br>NUMBER OF COPIES* |           |               | (5)<br>DUE DATE        | (6)<br>APPLICABLE NOTES |
|-------------------------------------|---------------|---|--------------------------|-----------|---------------|------------------------|-------------------------|
|                                     |               |   | Domestic State           | NAIC      | Foreign State |                        |                         |
| <b>I. NAIC FINANCIAL STATEMENTS</b> |               |   |                          |           |               |                        |                         |
|                                     | 1             | Annual Statement (8 1/2"x14")   | 2                        | EO        | xxx           | 3/1                    | A thru O, T, V, X       |
|                                     | 1.1           | Printed Investment Schedule detail (Pages E01-E27)  | 2                        | EO        | xxx           | 3/1                    | A thru O, T, V          |
|                                     | 2             | Quarterly Financial Statement (8 1/2" x 14")  | <b>FILE</b>              | <b>ON</b> | <b>LIFE</b>   | <b>BLANK</b>           |                         |
|                                     | 3             | Separate Accounts Annual Statement (8 1/2"x14")   | 2                        | EO        | xxx           | 3/1                    | A thru O, T, V          |
| <b>II. NAIC SUPPLEMENTS</b>         |               |   |                          |           |               |                        |                         |
|                                     | 11            | Accident & Health Policy Experience Exhibit   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 12            | Analysis of Annuity Operations by Lines of Business   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 13            | Analysis of Increase in Annuity Reserves During Year  | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 14            | Interest Sensitive Life Insurance Products Report   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 15            | Long-term Care Experience Reporting Forms   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 16            | Management Discussion & Analysis  | 1                        | EO        | xxx           | 4/1                    | A,B,E,F,I,Q,U           |
|                                     | 17            | Medicare Part D Coverage Supplement   | xxx                      | EO        | xxx           | 3/1, 5/15, 8/15, 11/15 | A,B,E,F,I,J,M,O         |
|                                     | 18            | Medicare Supplement Insurance Experience Exhibit  | xxx                      | EO        | xxx           | 3/1                    | A,B,E,F,I,M,O           |
|                                     | 19            | Risk-Based Capital Report ( <b>bound or stapled</b> )   | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,J,M,O,R,T     |
|                                     | 20            | Supplemental Compensation Exhibit   | 2                        | N/A       | xxx           | 3/1                    | A,B,E,F,I,M,O,R         |
|                                     | 21            | Supplemental Health Care Exhibit (Parts 1, 2 and 3)   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 22            | Supplemental Health Care Exhibit's Allocation Report  | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 23            | Supplemental Investment Risk Interrogatories  | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 24            | Supplemental Term and Universal Life Insurance Reinsurance Exhibit  | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,O           |
|                                     | 25            | Trusted Surplus Statement   | xxx                      | EO        | xxx           | 3/1, 5/15, 8/15, 11/15 | A,B,E,F,I,M,O           |
|                                     | 26            | Variable Annuities Supplement   | xxx                      | EO        | xxx           | 4/1                    | A,B,E,F,I,M,N,O         |
|                                     | 27            | VM 20 Reserves Supplement   | xxx                      | EO        | xxx           | 3/1                    | A,B,E,F,I,M,N,O         |
| <b>Actuarial Related Items</b>      |               |   |                          |           |               |                        |                         |
|                                     | 28            | Actuarial Certification regarding use 2001 Preferred Class Table  | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,M,Q,Y         |
|                                     | 29            | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities                       | 1                        | EO        | xxx           | 3/1                    | A,M,N,Q,Y               |
|                                     | 30            | Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII  | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,M,Q,Y         |
|                                     | 31            | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII   | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,M,Q,Y         |
|                                     | 32            | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 1                        | N/A       | xxx           | 4/30                   | A,B,E,F,I,M,N,Q,Y       |
|                                     | 33            | Actuarial Opinion   | 2                        | EO        | xxx           | 3/1                    | A,B,E,F,I,J,M,Q,Y       |
|                                     | 34            | Executive Summary of the PBR Actuarial Report (if VM early adopted)   | 1                        | N/A       | xxx           | 4/1                    | A,B,E,F,I,J,N,Q,Y       |
|                                     | 35            | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit   | 1                        | EO        | xxx           | 3/1,5/15, 8/15, 11/15  | A,B,E,F,I,M,Q,Y         |
|                                     | 36            | Actuarial Opinion on Synthetic Guaranteed Investment Contracts  | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,M,Q,Y         |
|                                     | 37            | Actuarial Opinion on X-Factors  | 1                        | EO        | xxx           | 3/1                    | A,B,E,F,I,M,Q,Y         |

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**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2019**

| (1)<br>Check-list | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE  | (4)<br>NUMBER OF COPIES* |           |               | (5)<br>DUE DATE           | (6)<br>APPLICABLE NOTES |
|-------------------|---------------|--|--------------------------|-----------|---------------|---------------------------|-------------------------|
|                   |               |  | Domestic State           | NAIC      | Foreign State |                           |                         |
|                   | 38            | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation   | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,M,Q,Y         |
|                   | 39            | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII              | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,M,Q,Y         |
|                   | 40            | Life PBR Exemption   | N/A                      | N/A       | xxx           | Director 7/1<br>NAIC 8/15 | A,B,E,F,I,J,N,Q,Y       |
|                   | 41            | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII                 | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,M,Q,Y         |
|                   | 42            | RAAIS required by <i>Valuation Manual</i>  | 1                        | N/A       | N/A           | 4/1                       | A,B,E,J,Q,Y             |
|                   | 43            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV                                 | 1                        | EO        | xxx           | 3/1,5/15, 8/15,<br>11/15  | A,B,E,F,I,J,Q,Y         |
|                   | 44            | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV   | 1                        | EO        | xxx           | 3/1,5/15, 8/15,<br>11/15  | A,B,E,F,I,J,Q,Y         |
|                   | 45            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 1                        | EO        | xxx           | 3/1,5/15, 8/15,<br>11/15  | A,B,E,F,I,J,Q,Y         |
|                   | 46            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)         | 1                        | EO        | xxx           | 3/1,5/15, 8/15,<br>11/15  | A,B,E,F,I,J,Q,Y         |
|                   | 47            | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI           | 1                        | EO        | xxx           | 3/1,5/15, 8/15,<br>11/15  | A,B,E,F,I,J,Q,Y         |
|                   | 48            | RBC Certification required under C-3 Phase I   | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,J,Q,R,T,Y,Z   |
|                   | 49            | RBC Certification required under C-3 Phase II  | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,J,Q,R,T,Y,Z   |
|                   | 50            | Statement on non-guaranteed elements - Exhibit 5 Int. #3   | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,M,Q           |
|                   | 51            | Statement on par/non-par policies – Exhibit 5 Int. 1&2   | 1                        | EO        | xxx           | 3/1                       | A,B,E,F,I,M,Q           |
|                   | 52            | Actuarial Guideline 51 Actuarial Opinion and Memorandum  | 1                        | N/A       | xxx           | 3/1                       | A,B,E,F,I,J,N,Q,Y       |
|                   | 53            | Actuarial Opinion for using 2001 CSO for pre-need policies   | 1                        | N/A       | xxx           | 3/1                       | A,B,E,F,I,J,N,Q,Y       |
|                   |               |  |                          |           |               |                           |                         |
|                   |               |  |                          |           |               |                           |                         |
|                   |               | <b>III. ELECTRONIC FILING REQUIREMENTS</b>   |                          |           |               |                           |                         |
|                   | 61            | Annual Statement Electronic Filing   | xxx                      | EO        | xxx           | 3/1                       | O                       |
|                   | 62            | March .PDF Filing  | xxx                      | EO        | xxx           | 3/1                       | O                       |
|                   | 63            | Risk-Based Capital Electronic Filing   | xxx                      | EO        | N/A           | 3/1                       | O                       |
|                   | 64            | Risk-Based Capital .PDF Filing   | xxx                      | EO        | N/A           | 3/1                       | O                       |
|                   | 65            | Separate Accounts Electronic Filing  | xxx                      | EO        | xxx           | 3/1                       | O                       |
|                   | 66            | Separate Accounts .PDF Filing  | xxx                      | EO        | xxx           | 3/1                       | O                       |
|                   | 67            | Supplemental Electronic Filing   | xxx                      | EO        | xxx           | 4/1                       | O                       |
|                   | 68            | Supplemental .PDF Filing   | xxx                      | EO        | xxx           | 4/1                       | O                       |
|                   | 69            | Quarterly Electronic Filing  | <b>FILE</b>              | <b>ON</b> | <b>LIFE</b>   | <b>BLANK</b>              |                         |
|                   | 70            | Quarterly .PDF Filing  | <b>FILE</b>              | <b>ON</b> | <b>LIFE</b>   | <b>BLANK</b>              |                         |
|                   | 71            | June .PDF filing   | xxx                      | EO        | xxx           | 6/1                       | O                       |
|                   |               |  |                          |           |               |                           |                         |
|                   |               |  |                          |           |               |                           |                         |
|                   |               |  |                          |           |               |                           |                         |

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**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2019**

| (1)<br>Check-list | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE  | (4)<br>NUMBER OF COPIES* |      |               | (5)<br>DUE DATE                          | (6)<br>APPLICABLE NOTES |
|-------------------|---------------|--|--------------------------|------|---------------|--|-------------------------|
|                   |               |  | Domestic State           | NAIC | Foreign State |  |                         |
|                   |               | <b>IV. AUDITED FINANCIAL STATEMENTS</b>  |                          |      |               |  |                         |
|                   | 81            | Accountants Letter of Qualifications   | 1                        | EO   | N/A           | 6/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 82            | Audited Financial Reports  | 1                        | EO   | N/A           | 6/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 83            | Audited Financial Reports Exemption Affidavit  | N/A                      | N/A  | N/A           | 6/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 84            | Communication of Internal Control Related Matters Noted in Audit (Internal Control Letter)     | 1                        | EO   | N/A           | 8/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 85            | Independent CPA (appointment or change)  | 1                        | N/A  | N/A           |  | A,B,E,F,I,J,Q,W         |
|                   | 86            | Management's Report of Internal Control Over Financial Reporting                               | 1                        | N/A  | N/A           | 8/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 87            | Notification of Adverse Financial Condition  | 1                        | N/A  | N/A           | < 5th business day after notice received | A,B,E,F,I,J,Q,W         |
|                   | 88            | Relief from the five-year rotation requirement for lead audit partner                          | 1                        | EO   | N/A           | 12/1                                     | A,B,E,F,I,J,Q,W         |
|                   | 89            | Relief from the one-year cooling off period for independent CPA                                | 1                        | EO   | N/A           | 3/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 90            | Relief from the Requirements for Audit Committees  | 1                        | EO   | N/A           | 3/1                                      | A,B,E,F,I,J,Q,W         |
|                   | 91            | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1                        | N/A  | N/A           | <b>5/21</b>                              | A,B,E,F,I,J,Q,W         |
|                   | 92            | Request for Exemption to File Annual Audited Financial Report                                  | 1                        | N/A  | N/A           | <b>5/21</b>                              | A,B,E,F,I,J,Q,W         |
|                   | 93            | Supplemental Schedule of Assets and Liabilities  | 1                        | N/A  | N/A           | 6/1                                      | A,B,E,F,I,J,Q,W         |
|                   |               | <b>V. STATE REQUIRED FILINGS***</b>  |                          |      |               |  |                         |
|                   | 101           | Corporate Governance Annual Disclosure***  | N/A                      | 0    | N/A           |  |                         |
|                   | 102           | Filings Checklist (with Column 1 completed)  | N/A                      | 0    | N/A           | 3/1                                      | A,B,E,I,M,P             |
|                   | 103           | Form B-Holding Company Registration Statement (If Applicable)                                  | 1                        | 0    | N/A           | 5/1                                      | A,B,C,E,F,G,I,J,Q       |
|                   | 103.1         | Annual Form C Filing (If Applicable)   | 1                        | 0    | N/A           | 5/1                                      | A,B,C,E,F,G,I,J,Q,S     |
|                   | 104           | Form F-Enterprise Risk Report**** (If Applicable)  | 1                        | 0    | N/A           | 5/1                                      | A,B,C,E,F,G,I,J,N,Q,S   |
|                   | 105           | ORSA*****  | 1                        | 0    | N/A           |  | B                       |
|                   | 106           | Privilege & Retaliatory Tax Statement  | N/A                      | 0    | N/A           | 3/15                                     | A,B,D,E,F,P             |
|                   | 106.1         | Privilege & Retaliatory Tax Quarterly Estimates  | N/A                      | 0    | N/A           | 4/15, 6/15, 9/15, 12/15                  | A,B,D,E,F,P             |
|                   | 107           | State Filing Fees – Annual Statement Filing Fee  | 1                        | 0    | N/A           | Upon Receipt of Invoice 2/1              | A,B,C,E,F,P             |
|                   | 107.1         | State Filing Fees – Certificate of Authority Renewal Fee                                       | 1                        | 0    | 1             | Upon Receipt of Invoice 2/1              | A,B,C,E,F,P             |
|                   | 107.2         | Financial Regulation Fee   | 1                        | 0    | N/A           | Upon Receipt of Invoice 6/30             | A,B,C,E,F,P             |
|                   | 108           | Signed Jurat   | 1                        | 0    | xxx           | 3/1                                      | L                       |
|                   | 109           | Certificate of Compliance  | N/A                      | 0    | 1             | 3/1                                      | A,B,E,I,M,P             |
|                   | 110           | Certificate of Deposit   | N/A                      | 0    | 1             | 3/1                                      | A,B,E,I,M,P             |
|                   | 111           | Certificate of Valuation   | N/A                      | 0    | 1             | 3/1                                      | A,B,E,I,M,P             |
|                   | 112           | Form 141.3 – Management Contracts Supplement   | 1                        | N/A  | N/A           |  | A,B,E,I,M,P             |
|                   | 113           | Section 126.20 Investment Supplement   | 1                        | N/A  | N/A           | 3/1                                      | A,B,E,I,M,P             |
|                   | 114           | Section 131.2 Investment Supplement  | 1                        | N/A  | N/A           | 3/1                                      | A,B,E,I,M,P             |
|                   | 115           | Reserve Affidavit & Three Year Reserve Comparison  | 2                        | N/A  | N/A           | 3/1                                      | A,B,E,G,I,M,Q           |
|                   | 116           | Illinois Business Page (if not already filed within the annual statement)                      | 1                        | EO   | xxx           | 3/1                                      | A,B,E,I,M,O,X           |

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REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2019

\*If XXX appears in this column, Illinois 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 not required. EO (electronic only filing).

\*\*\*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 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](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](http://www.naic.org/public_lead_state_report.htm)

\*\*\*\*\*For those states that have adopted the NAIC updated 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. Consistent with the Form B filing requirements, 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. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

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REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2019

General Instructions  
For Companies to Use Checklist

**Please Note:** Illinois’ 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 submitting information to the state. **Illinois does not require this checklist to be filed in Illinois.**

**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.**

**Please Note:** All Alien Companies will be considered as Foreign companies for this checklist.

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REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2019

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (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.

**Line 85**

Please reference 50 Ill. Admin. Code 925 regarding any appointment or change in Independent CPA.