

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois 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) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC	State		
		I. NAIC FINANCIAL STATEMENTS					
	1	Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	A thru O, T, V
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	EO	xxx	3/1	A thru O, T, V
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	A,B,E thru O, R
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	xxx	3/1	A thru O, T, V
		II. NAIC SUPPLEMENTS					
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	A,B,E,F,I,M,O
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	N/A	EO	xxx	3/1	A,B,E,F,I,M,N,Q,Y
	12	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	1	EO	xxx	3/1	A,B,E,F,I,M,N,Q,Y
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	1	EO	xxx	3/1	A,B,E,F,I,M,N,Q,Y
	14	Actuarial Certification regarding use 2001 Preferred Class Table	1	EO	xxx	3/1	A,B,E,F,I,M,N,Q,Y
	15	Actuarial Opinion	2	EO	xxx	3/1	A,B,E,F,I,M,Q,Y
	16	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	A,B,E,F,I,M,Q,Y
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	xxx	3/1	A,B,E,F,I,M,Q,Y
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	A,B,E,F,I,M,Q,Y
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	1	EO	xxx	3/1	A,B,E,F,I,M,N,Q,Y
	20	Analysis of Annuity Operations by Lines of Business	1	EO	xxx	4/1	A,B,E,F,I,M,N,O
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	xxx	4/1	A,B,E,F,I,M,N,O
	22	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,N,Q,Y
	23	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	A,B,E,F,I,M,N,O
	24	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	A,B,E,F,I,M,N,O
	25	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	A,B,E,F,I,M,O
	26	Investment Risk Interrogatories	1	EO	xxx	4/1	A,B,E,F,I,M,O
	27	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	A,B,E,F,I,M,O
	28	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,N,Q,Y
	29	Management Discussion & Analysis	1	EO	xxx	4/1	A,B,E,F,I,Q,U
	30	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	A,B,E,F,I,O
	31	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,O
	32	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	A,B,E,F,I,J,Q,Y
	33	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	1	EO	xxx	3/1,5/15, 8/15, 11/15	A,B,E,F,I,J,Q,Y
	34	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	1	EO	xxx	3/1,5/15, 8/15, 11/15	A,B,E,F,I,J,Q,Y
	35	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	A,B,E,F,I,J,Q,Y
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	1	EO	xxx	3/1,5/15, 8/15, 11/15	A,B,E,F,I,J,Q,Y
	37	Risk-Based Capital Report (bound or stapled)	N/A	N/A	N/A	3/1	A,B,E,F,I,J,O,R
	38	RBC Certification required under C-3 Phase I	N/A	N/A	N/A	3/1	A,B,E,F,I,J,Q,R
	39	RBC Certification required under C-3 Phase II	N/A	N/A	N/A	3/1	A,B,E,F,I,J,Q,R
	40	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	xxx	3/1	A,B,E,F,I,M,Q

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(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC	State		
	41	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	1	EO	xxx	3/1	A,B,E,F,I,M,Q
	42	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	A,B,E,F,I,M,O
	43	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,M,O
		III. ELECTRONIC FILING REQUIREMENTS					
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	O
	51	March .PDF Filing	xxx	1	xxx	3/1	O
	52	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	O
	53	Risk-Based Capital Electronic Filing	N/A	1	N/A	3/1	O
	54	Risk-Based Capital .PDF Filing	N/A	1	N/A	3/1	O
	55	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	O
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	O
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	O
	58	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	O
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	O
	60	June .PDF filing	xxx	1	xxx	4/1	O
		IV. AUDITED FINANCIAL STATEMENTS					
	71	Accountants Letter of Qualifications	2	EO	N/A	6/1	A,B,E,F,I,J,N,Q,W
	72	Audited Financial Reports	2	EO	N/A	6/1	A,B,E,F,I,J,Q,W
	73	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	6/1	A,B,E,F,I,J,Q,W
	74	Communication of Internal Control Related Matters Noted in Audit (Internal Control Letter)	1	N/A	N/A	8/1	A,B,E,F,I,J,Q,W
	75	Independent CPA (appointment or change)	1	N/A	N/A		A,B,E,F,I,J,Q,W
	76	Management’s Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	A,B,E,F,I,J,Q,W
	77	Notification of Adverse Financial Condition	1	N/A	N/A		A,B,E,F,I,J,Q,W
	78	Request for Exemption to File	1	N/A	N/A	5/21	A,B,E,F,I,J,Q,W
	79	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
	80	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
	81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	A,B,E,F,I,J,Q,W
	82	Supplemental Schedule of Assets and Liabilities	2	N/A	N/A	6/1	A,B,E,F,I,J,Q,W
		V. STATE REQUIRED FILINGS					
	101	Certificate of Compliance	N/A	0	1	3/1	A,B,E,I,M,P
	102	Certificate of Deposit	N/A	0	1	3/1	A,B,E,I,M,P
	103	Certificate of Valuation	N/A	0	1	3/1	A,B,E,I,M,P
	104	Filings Checklist (with Column 1 completed)	N/A	0	N/A	3/1	A,B,E,I,M,P
	105	Privilege & Retaliatory Tax Statement	N/A	0	N/A	3/15	A,B,D,E,F,P
	105.1	Privilege & Retaliatory Tax Quarterly Estimates	N/A	0	N/A	4/15, 6/15, 9/15, 12/15	A,B,D,E,F,P
	106	State Filing Fees – Annual Statement Filing Fee	1	0	1	Upon Receipt of Invoice 2/1	A,B,C,E,F,P
	106.1	State Filing Fees – Certificate of Authority Renewal Fee	0	0	1	Upon Receipt of Invoice 2/1	A,B,C,E,F,P
	106.2	Financial Regulation Fee	1	xxx	N/A	Upon Receipt of Invoice 6/30	A,B,C,E,F,P
	107	Signed Jurat	2	0	xxx	3/1	L
	108	Annual Form B Filing (If Applicable)	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,Q

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	109	Annual Form C Filing (If Applicable)	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,Q,S
	110	Form 141.3 – Management Contracts Supplement	1	N/A	N/A	3/1	A,B,E,I,M,P
	111	Section 126.20 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,M,P
	112	Section 131.2 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,M,P
	113	Reserve Affidavit & Three Year Reserve Comparison	2	N/A	N/A	3/1	A,B,E,G,I,M,Q
	114	Illinois Business Page	2	EO	xxx	3/1	A,B,E,I,M,O,X
	115	Regulatory Asset Adequacy Issues Summary	1	N/A	N/A	3/15	A,E,J,Q,Y

***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).**

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**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 mailing 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 (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.**

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

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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.

Item 75

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