

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Delaware **Filings Made During the Year 2007**

(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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	3, +CD	1	CD; signed jurat page	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	1, +CD	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2, +CD	1	xxx	5/15, 8/15, 11/15	NAIC	L
	3	Separate Accounts Annual Statement (8 1/2"x14")	3, +CD	1	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1, +CD	1	CD	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	1, +CD	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	1, +CD	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	1, +CD	1	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1, +CD	1	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1, +CD	1	xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	1, +CD	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	1, +CD	1	CD	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	1, +CD	1	xxx	3/1	NAIC	
	19	Medicare Part D Coverage Supplement	1, +CD	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Risk-Based Capital Report	1, +CD	1	CD	3/1	NAIC	
	21	Schedule SIS	1, +CD	N/A	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	1, +CD	1	CD	3/1	Company	
	23	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1, +CD	1	xxx	3/1	Company	
	24	Statement on par/non-par policies - Exhibit 5 Int. 1.1	3, +CD	1	xxx	3/1	Company	
	25	Supplemental Compensation Exhibit	1, +CD	N/A	N/A	3/1	NAIC	
	26	Supplemental Schedule O	3, +CD	1	xxx	3/1	NAIC	
	27	Trusted Surplus Statement	1, +CD	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Workers' Compensation Carve Out Supplement	1, +CD	1	xxx	3/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	1	N/A	N/A		Company	
	52	Audited Financial Statements	1, +CD	1	1	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	
	54	Independent CPA	1	N/A	N/A		Company	O
	55	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	
	57	Request for Exemption to File	1	N/A	N/A		Company	
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	0	0	1		State	
	102	Certificate of Deposit	0	0	1		State	
	103	Certificate of Valuation	0	0	1		State	
	104	Filings Checklist (with Column 1 completed)	0	1	0		State	
	105	Premium tax	1	0	1	3/1	State	D & T
	106	State Filing Fees	100.00	0	100.00		State	C & S
	107	Signed Jurat	1	xxx	1	3/1	NAIC	L

*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.

DOMESTIC COMPANIES WRITING 95% HEALTH ARE REQUIRED TO FILE ON THE HEALTH BLANK

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Annual Statement- Antoinette Handy Toni.handy@state.de.us (302) 674-7338 Premium Taxes- Ann Fletcher Ann.fletcher@state.de.us (302) 674-7383	
B	Mailing Address:	841 Silver Lake Blvd. Dover DE 19904	
C	Mailing Address for Filing Fees:	MAILING: State of Delaware Insurance Department 6705 Reliable Parkway Chicago IL 60686; COURIER: Delaware Department of Insurance, c/o National City Bank, Attn: Lockbox #6705, 5635 S. Archer Ave, Chicago IL 60638-1656	
D	Mailing Address for Premium Tax Payments:	See address in Note C	
E	Delivery Instructions:	Physically in office on or before due date at address in Note B E-1 All items must be mailed U.S. mail. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.	
F	Late Filings:	May be subject to a \$100/day Administrative penalty for late or Incomplete filing per 18 Del. C. §; \$1,000.00/day Supp A to Sched T late filing penalty per Del.C.§526a. Company's license may be suspended if the annual statement is received more than 30 days late.	
G	Original Signatures:	Required on all domestic and foreign	
H	Signature/Notarization/Certification:	Officers to sign: President, Treasurer & Secretary Special Instructions: Reinsurance Summary Statement-must be notarized.	
I	Amended Filings:	File within 10 days of Amendment with explanation. Signature requirements for the original filing, same should be followed for any amendment.	
J	Exceptions from normal filings:	Domestic: apply at least 30 days prior to Due date with written explanation; Foreign: apply 10 days prior to due date (received)	

	K	Bar Codes (State or NAIC)	NAIC Annual Statement Instructions (ASI) Inability to read barcode- the document is considered not received. May be subject to a \$200.00 administrative penalty for late filing.
	L	Signed Jurat	For foreign companies-annual filing only. Foreign companies are not required to file Quarterly Statement.
	M	NONE Filings:	NAIC ASI for Supplemental Interrogatories. Exceptions to these instructions are noted on the form.
	N	Filings new, discontinued or modified materially since last year:	Workers' Compensation Carve Out Supplement-new
	O	Designation of CPA	Send information changes
	P	Combined Statements:	Send if requested
	Q	SVO Compliance Certification:	Foreign companies file with annual filing only
	R	Risk Based Capital Report:	Foreign companies send if requested
	S	Statement Filing Fees:	Attach to Premium Tax Report
	T	Premium Tax Report and Payments	Includes Statement Filing Fees

**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.

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.

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 *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.

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.

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.