**LIFE, ACCIDENT & HEALTH INSURERS**

**Company Name:** _____ **NAIC Company Code:**_____

**Contact:** _____ **Telephone:** _____

**Required Filings in the State of: South Carolina** **Filings Made During the Year 2013**

| (1) Check-list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* Domestic State | Domestic NAIC | Foreign State | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|---|---|---|---|---|---|---|---|---|
| | | **I. NAIC FINANCIAL STATEMENTS** | | | | | | |
| | 1 | Annual Statement (8 ½"x14") | 1 | EO | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 1 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"x14") | 1 | EO | xxx | 3/1 | NAIC | |
| | | | | | | | | |
| | | **II. NAIC SUPPLEMENTS** | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 11 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 1 | EO | xxx | 3/1 | Company | |
| | 12 | Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 13 | Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 14 | Actuarial Certification regarding use 2001 Preferred Class Table | 1 | EO | xxx | 3/1 | Company | |
| | 15 | Actuarial Opinion | 1 | EO | xxx | 3/1 | Company | |
| | 16 | Actuarial Opinion on X-Factors | 1 | EO | xxx | 3/1 | Company | |
| | 17 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 1 | EO | xxx | 3/1 | Company | |
| | 18 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 1 | EO | xxx | 3/1 | Company | |
| | 19 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 1 | EO | xxx | 3/1 | Company | |
| | 20 | Analysis of Annuity Operations by Lines of Business | 1 | EO | xxx | 4/1 | NAIC | |
| | 21 | Analysis of Increase in Annuity Reserves During Year | 1 | EO | xxx | 4/1 | NAIC | |
| | 22 | Credit Insurance Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 23 | Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 24 | Health Care Exhibit (Parts 1, 2 and 3) Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 25 | Health Care Exhibit's Allocation Report Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 26 | Interest Sensitive Life Insurance Products Report | 1 | EO | xxx | 4/1 | NAIC | |
| | 27 | Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | |
| | 28 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 29 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 1 | EO | xxx | 4/1 | NAIC | |
| | 30 | Long-term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | |
| | 31 | Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII | 1 | EO | xxx | 3/1 | Company | |
| | 32 | Management Discussion & Analysis | 1 | EO | xxx | 4/1 | Company | |
| | 33 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 34 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 35 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 1 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 36 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 1 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 37 | 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 | Company | |
| | 38 | 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 | Company | |
| | 39 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | 1 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 39 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | |
| | 41 | RBC Certification required under C-3 Phase I | 1 | EO | xxx | 3/1 | Company | |
| | 42 | RBC Certification required under C-3 Phase II | 1 | EO | xxx | 3/1 | Company | |
| | 43 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 44 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | 1 | EO | xxx | 3/1 | Company | |

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|---|---|---|---|---|---|---|---|---|
| | 45 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 1 | EO | xxx | 3/1 | Company | |
| | 46 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 47 | Supplemental Schedule O | 1 | EO | xxx | 3/1 | NAIC | |
| | 48 | Trusteed Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 49 | Workers' Compensation Carve Out Supplement | 1 | EO | xxx | 3/1 | NAIC | |
| | | | | | | | | |
| | | **III. ELECTRONIC FILING REQUIREMENTS** | | | | | | |
| | 50 | Annual Statement Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 51 | March .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 52 | Risk-Based Capital Electronic Filing | xxx | 1 | N/A | 3/1 | NAIC | |
| | 53 | Risk-Based Capital .PDF Filing | xxx | 1 | N/A | 3/1 | NAIC | |
| | 54 | Separate Accounts Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 55 | Separate Accounts .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 56 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 57 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 58 | Quarterly Statement Electronic Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 59 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 60 | June .PDF Filing | xxx | 1 | xxx | 6/1 | NAIC | |
| | | | | | | | | |
| | | **IV. AUDIT/INTERNAL CONTROL RELATED REPORTS** | | | | | | |
| | 71 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | T |
| | 72 | Audited Financial Reports | 1 | EO | xxx | 6/1 | Company | U |
| | 73 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 3/1 | Company | V |
| | 74 | Communication of Internal Control Related Matters Noted in Audit | 1 | N/A | N/A | 8/1 | Company | W |
| | 75 | Independent CPA : Designation/Change/Qualifications | 1 | N/A | N/A | Within 5 business days | Company | X |
| | 76 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | Y |
| | 77 | Notification of Adverse Financial Condition | 1 | N/A | N/A | Within 5 business days of receipt | Company | Z |
| | 78 | Request for Exemption to File | 1 | N/A | N/A | 3/1 | Company | AA |
| | 79 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | 12/1 | Company | BB |
| | 80 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | 1 | 3/1 | Company | CC |
| | 81 | Relief from the one-year cooling off period for independent CPA | 1 | EO | 1 | 3/1 | Company | DD |
| | 82 | Relief from the Requirements for Audit Committees | 1 | EO | 1 | 3/1 | Company | EE |
| | | | | | | | | |
| | | **V. STATE REQUIRED FILINGS** | | | | | | |
| | 101 | Certificate of Compliance of Advertising. See 25A S.C. Code Ann. Regulation 69-17, Section 17. (Insurers Writing A&H, Only) | 1 | 0 | 1 | 3/1 | Company | O |
| | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 | 3/1 | State | |
| | 103 | Holding Company Registration Statement | 1 | 0 | 0 | 3/1 | State | |
| | 104 | Premium Tax Electronic Filing | 1 | 0 | 1 | 3/1 | State | P |
| | 105 | SC Health Ins. Pool Assessment Base Reporting Form | 1 | 0 | 1 | 3/1 | State | Q |
| | 106 | State Filing Fees Electronic Filing | 1 | 0 | 1 | 3/1 | State | R |
| | 107 | Comprehensive Annual Analysis | 1 | 0 | 0 | 3/15 | State | N |
| | 108 | Comprehensive Annual Analysis Checklist | 1 | 0 | 0 | 3/15 | State | N |
| | 109 | Comprehensive Quarterly Analysis | 1 | 0 | 0 | 5/30, 8/30, 11/30 | State | N |
| | 110 | Comprehensive Quarterly Analysis Checklist | 1 | 0 | 0 | 5/30, 8/30, 11/30 | State | N |
| | 111 | Market Value of Securities Which are on Deposit With This Department. | | | | **No longer required** | | |

***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.**

| | | **NOTES AND INSTRUCTIONS** | |
|---|---|---|---|
| A | Required Filings Contact Persons: | Chief Financial Analyst<br>Financial Regulation & Solvency Division<br>fnclmail@doi.sc.gov<br>803-737-6221 | Premium Tax Form Questions:<br>Sharon Waddell<br>Interim Tax Manager<br>swaddell@doi.sc.gov<br>803-737-4910 |
| B | Mailing Address: | Physical Address:<br>South Carolina Department of Insurance<br>1201 Main Street, Suite 1000<br>Columbia, SC 29201 | Mailing Address:<br>South Carolina Department of Insurance<br>Post Office Box 100105<br>Columbia, South Carolina 29202-3105 |
| C | Mailing Address for | N/A. Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx, and enter | |

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|---|---|---|
| | Filing Fees: | UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. |
| D | Mailing Address for Premium Tax Payments: | N/A. Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx, and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. |
| E | Delivery Instructions: | All required filings must be physically received in the Department no later than the indicated due date. If the due date falls on a weekend or a holiday, the next business day will be considered the due date. |
| F | Late Filings: | Companies will be fined for a late filing on a case-by-case basis. |
| G | Original Signatures: | Original signatures are required on all required filings. |
| H | Signature/ Notarization/ Certification: | Required annual statements must be verified by at least two of its principal officers, at least one of whom prepared or supervised the preparation of the annual statement. See S.C. Code Ann. Section 38-13-80(A). |
| I | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. The signature requirements for the original filing should be followed for any amendment. |
| J | Exceptions From Normal Filings: | Foreign companies should 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 an exemption or extension from the Department. Domestic companies should apply for an exemption or extension at least fifteen days prior to the filing due date. |
| K | Bar Codes: | Required only for NAIC filings. Please follow the instructions in the NAIC Annual Statement Instructions. |
| L | Signed Jurat Page: | Not required from foreign insurers. |
| M | NONE Filings: | See NAIC Annual Statement Instructions. |
| N | CAA and CQA: | Domestics, only. The filings must be submitted electronically in Microsoft Word format to the Chief Financial Analyst via lhill@doi.sc.gov. A hard copy filing is not required. |
| O | Special Filings: | Certificate of Compliance of Advertising (**insurers writing A&H, only**) pursuant to 25A S.C. Code Ann. Regulation 69-17, Section 17B. Each insurer required to file an Annual Statement which is now or which hereafter becomes subject to the provisions of these rules must file with the Department a Certificate of Compliance executed by an authorized officer of the insurer wherein it is stated that, to the best of his knowledge, information and belief, the advertisements which were disseminated by the insurer during the preceding statement year complied or were made to comply in all respects with the provisions of these rules and the Insurance Laws of this State as implemented and interpreted by these rules. |
| P | Insurer Fee & Premium Tax Forms and Instructions: | Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx, and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. Questions: Sharon Waddell, Interim Tax Manager, swaddell@doi.sc.gov or 803-737-4910. |
| Q | SC Health Ins. Pool Assessment Base Reporting Form: | The SC Health Insurance Pool Assessment Base Reporting Form will not be mailed. See "Attachments to State Filing Checklists." |
| R | Filing Fees: | Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx, and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. Questions: Sharon Waddell, Interim Tax Manager, swaddell@doi.sc.gov or 803-737-4910. |
| S | Actuarial Opinion Summary: | In addition to Statements of Actuarial Opinion filed with annual financial statements on or before March 1 the Actuarial Opinion Summary (AOS) is required by March 15. The AOS will be maintained as confidential by the Department pursuant to S.C. Code Ann. Section 38-13-160 (2002).<br><br>The AOS must be prepared as prescribed by the instructions including but not limited to:<br>• the actuary's range of reasonable estimates and/or point estimates for loss and loss adjustment expense reserves<br>• the difference between the insurer's carried reserves and the point estimate and/or range of reasonable estimates<br>• an explanation of any exceptional adverse development |
| T | Accountants Letter of | See Section 12 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be |

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|---|---|---|
| | Qualifications: | accessed under "Attachments to State Filing Checklists." |
| U | Audited Financial Reports: | See Section 4 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| V | Audited Financial Reports - Exemptions Affidavit: | See Section 17 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists."<br><br>Insurer must file (i.e., it is not automatically exempt) either:<br>Premium and Policyholders or Certificateholders Exemption Affidavit<br>or<br>Financial or Organizational Hardship Exemption Affidavit<br>which can be accessed under "Attachments to State Filing Checklists." |
| W | Communication of Internal Control Related Matters Noted in Audit: | See Section 11 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| X | Independent CPA: Designation/Change/ Qualifications: | See Sections 6 and 7 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| Y | Management's Report of Internal Control Over Financial Reporting: | See Section 16 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| Z | Notification of Adverse Financial Condition: | See Section 10 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| AA | Request for Exemption to File: | See V. above. |
| BB | Request to File Consolidated Audited Annual Statements: | See Section 8 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists." |
| CC | Relief from the five-year rotation requirement for lead audit partner | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC.<br><br>For further guidance see Sections 7D & 7E of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklist" located on the Company Information Page of the SC Department of Insurance website. |
| DD | Relief from the one-year cooling off period for independent CPA | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC.<br><br>For further guidance see Sections 7N & 7O of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklist" located on the Company Information Page of the SC Department of Insurance website. |
| EE | Relief from the Requirements for Audit Committees | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC.<br><br>See Section 14(A) of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under "Attachments to State Filing Checklists" located on the Company Information Page of the SC Department of Insurance website. |

**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 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. 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.

**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 ***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 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 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.