

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Mississippi 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) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	H, L, M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	H, L, M
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	31	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	34	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	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	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	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	
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	0	N/A	N/A		Company	J
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A		Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	

78	Request for Exemption/Extension to File	1	N/A	EO		Company	J
79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
80	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
81	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
82	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
V. STATE REQUIRED FILINGS							
101	Certificate of Compliance	0	0	1	3/1	State	O
102	Certificate of Deposit	0	0	1	3/1	State	O
103	Filings Checklist (with Column 1 completed)	0	0	0		State	
104	Holding Company System (Form B & C)	1	0	Refer to Note N	6/1	State	N
104	Premium tax		0			State	D
105	State Filing Fees	1	0	1	5/31	State	C
106	Signed Jurat	1	0	1	3/1, 5/15, 8/15, 11/15	NAIC	O

***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-K APPLY TO ALL FILINGS)			
A		<p><u>Required Filings Contact Person:</u> Lee Parker Financial & Market Regulation Division Lee.Parker@mid.state.ms.us 601-359-3757</p>			
B		<table border="0"> <tr> <td> <p><u>Physical Address:</u> Mississippi Insurance Department Attn: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201</p> </td> <td> <p><u>Mailing Address:</u> Mississippi Insurance Department Attn: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079</p> </td> </tr> </table>	<p><u>Physical Address:</u> Mississippi Insurance Department Attn: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201</p>	<p><u>Mailing Address:</u> Mississippi Insurance Department Attn: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079</p>	
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C		<p><u>Mailing Address for Filing Fees:</u></p> <ul style="list-style-type: none"> • Filing fees are due May 31st • The Department will invoice the filing fees with the company's license renewal fee • The Department no longer accepts the payment of fees with the filings. (i.e. The Department will no longer accept the \$50.00 filing fee with the submission of quarterly financial statements or certificates) • Any questions regarding the payment of filing fees should be addressed to Lee.Parker@mid.state.ms.us 			
D		<table border="0"> <tr> <td> <p><u>Mailing Address for Premium Tax Payments:</u></p> <p><u>Physical Address:</u> Mississippi Department of Revenue Attn: Charmin Tillman 1577 Springridge Rd. Raymond, MS 39154 601-923-7175</p> </td> <td> <p><u>Mailing Address:</u> Mississippi Department of Revenue Attn: Charmin Tillman P O Box 23075 Jackson, MS 39225-3075</p> </td> </tr> </table>	<p><u>Mailing Address for Premium Tax Payments:</u></p> <p><u>Physical Address:</u> Mississippi Department of Revenue Attn: Charmin Tillman 1577 Springridge Rd. Raymond, MS 39154 601-923-7175</p>	<p><u>Mailing Address:</u> Mississippi Department of Revenue Attn: Charmin Tillman P O Box 23075 Jackson, MS 39225-3075</p>	
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E		<p><u>Delivery Instructions:</u> All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, the due date is the next business day.</p>			
F		<p><u>Late Filings:</u> Pursuant to <u>Miss. Code Ann.</u> § 83-5-69, company shall pay \$100 for each day's neglect, and upon notice by the commissioner to that effect, its authority to do new business shall cease while such default continues.</p>			
G		<p><u>Original Signatures:</u> Original wet signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p>			
H		<p><u>Signature/Notarization/Certification:</u> The statement shall be sworn to by the president or vice president and secretary or treasurer or chief managing agent or officer of such company.</p>			
I		<p><u>Amended Filings:</u> Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filings, then same should be followed for any amendment.</p>			

J	<p><u>Exceptions from normal filings:</u> Foreign companies shall submit a written request of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Mississippi. Domestic companies shall apply at least 10 days prior to the original due date.</p> <p>Contact regulation@mid.state.ms.us for any questions.</p>	
K	<p><u>Bar Codes (State or NAIC):</u> NAIC Annual Statement Instructions should be followed.</p>	
L	<p><u>Signed Jurat:</u> The Department requires the filing of a signed Jurat for domestic and foreign companies.</p>	
M	<p><u>NONE Filings:</u> NAIC Annual Statement Instructions should be followed.</p>	
N	<p><u>Filings new, discontinued or modified materially since last year:</u> Foreign companies which do not have a Holding Company law similar to Mississippi are required to file pursuant to <u>Miss. Code Ann. § 83-6-3</u>.</p>	
O	<p><u>Electronic Filings:</u></p> <p>Foreign insurers shall file an electronic copy with the Department to filings@mid.state.ms.us on or before the statutory due date. <i>(Please note that these filings must be in pdf. Format)</i></p> <p>All domestic insurers are still required to submit annual and quarterly filings by paper copy to the Department as well as electronically to the NAIC by the statutory due date.</p>	

**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 Statement Electronic Filing* includes the complete quarterly statement data.

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

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

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.**

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.