

## FRATERNAL SOCIETIES

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

	43	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	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		
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	xxx	EO	N/A	6/1	Company	
	72	Audited Financial Reports	xxx	EO	N/A	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	xxx	N/A	N/A	6/1	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	xxx	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	xxx	N/A	N/A	6/1	Company	
	76	Management's Report of Internal Control Over Financial Reporting	xxx	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	xxx	N/A	N/A	6/1	Company	
	78	Request for Exemption to File	xxx	N/A	N/A	6/1	Company	
	79	Relief from the five-year rotation requirement for lead audit partner	xxx	N/A	N/A	5/1	Company	
	80	Relief from the one-year cooling off period for independent CPA	xxx	EO	N/A	6/1	Company	
	81	Relief from the Requirements for Audit Committees	xxx	EO	N/A	6/1	Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Advertising Certificate (Rule Chapter 140§B)	XXX	0	1	3/1	Company	
	102	Affidavit of Filing	XXX	0	XXX	3/1	State	
	103	Annual Report Supplement (Rule 945)	XXX	0	1	3/1	State	
	104	Carrier Reporting Form	XXX	0	1	2/1	State	
	105	Certificate of Compliance	XXX	0	XXX	3/1	State	
	106	Certificate of Deposit	XXX	0	XXX	3/1	State	
	107	Filing Checklist (with Column 1 Completed)	XXX	0	XXX	3/1	State	
	108	Maine Fraud and Abuse Annual Report	XXX	0	1	3/1	State	
	109	Mandated Benefit Expense Report (Bulletin 292)	XXX	0	1	4/30	State	
	110	Premium Tax	XXX	0	1	3/15	State	
	111	Signed Jurat Page	XXX	0	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	112	State Filing Fees	XXX	XXX	1	8/10	State	
	113	Supplemental Health Insurance Report (Bulletin 286A)	XXX	0	1	4/1	State	

\*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.