FRATERNAL SOCIETIES

Company Name: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: *WEST VIRGINIA* **Filings Made During the Year:** *2016*

(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 (must be received by this date)	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M
	2	Quarterly Financial Statement (8 ½" x 14")	zzz	EO	xxx	5/15, 8/15, 11/15	NAIC	B,I,Q
	3	Separate Accounts Annual Statement (8 ½"x 14")	zzz	EO	xxx	3/1	NAIC	B,I,Q
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	11	Analysis of Annuity Operations by Lines of Business	zzz	EO	xxx	4/1	NAIC	B,I,Q
	12	Analysis of Increase in Annuity Reserves During Year	zzz	EO	xxx	4/1	NAIC	B,I,Q
	13	Health Care Exhibit (Parts 1, 2 and 3) Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	14	Health Care Exhibit's Allocation Report Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	15	Interest Sensitive Life Insurance Products Report	zzz	EO	xxx	4/1	NAIC	B,I,Q
	16	Investment Risk Interrogatories	zzz	EO	xxx	4/1	NAIC	B,I,Q
	17	Long-term Care Experience Reporting Forms	zzz	EO	xxx	4/1	NAIC	B,I,Q
	18	Management Discussion & Analysis	zzz	EO	xxx	4/1	Company	B,I,Q
	19	Medicare Supplement Insurance Experience Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	20	Medicare Part D Coverage Supplement	zzz	EO	xxx	3/1 ,5/15, 8/15, 11/15	NAIC	B,I,Q
	21	Risk-Based Capital Report	zzz	N/A	xxx	3/1	NAIC	B,I,Q
	22	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	B,I,Q
	23	Trusteed Surplus Statement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	24	XXX/AXXX Reinsurance Exhibit	zzz	EO	xxx	4/1	NAIC	B, I Q
		Actuarial Related Items						
	25	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	zzz	EO	xxx	3/1	Company	B,I,Q
	26	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	27	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	28	Actuarial Certification regarding use 2001 Preferred Class Table	zzz	EO	xxx	3/1	Company	B,I,Q
	29	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guildeline XXXVIII 8D	zzz	N/A	xxx	4/30	Company	B,I,Q
	30	Actuarial Opinion	zzz	EO	xxx	3/1	Company	B,I,Q
	31	Actuarial Opinion on X-Factors	zzz	EO	xxx	3/1	Company	B,I,Q
	32	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	zzz	EO	xxx	3/1	Company	B,I,Q
	33	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	zzz	EO	xxx	3/1	Company	B,I,Q
	34	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	zzz	EO	xxx	3/1	Company	B,I,Q
	35	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	36	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	37	RAAIS required Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	1	N/A	0	3/15	Company	B,I,Q
	38	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	B,I,Q
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	B,I,Q
	40	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	B,I,Q
	41	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	B,I,Q

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	42	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	B,I,Q
	43	RBC Certification required under C-3 Phase I	2	EO	xxx	3/1	Company	B,I,Q
	44	RBC Certification required under C-3 Phase II	2	EO	xxx	3/1	Company	B,I,Q
	45	Statement on non-guaranteed elements – Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	B,I,Q
	46	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	2	EO	xxx	3/1	Company	B,I,Q
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	zzz	EO	xxx	3/1	NAIC	E
	61	March .PDF Filing	zzz	EO	xxx	3/1	NAIC	E
	62	Risk-Based Capital Electronic Filing	zzz	EO	xxx	3/1	NAIC	E
	63	Risk-Based Capital .PDF Filing	zzz	EO	xxx	3/1	NAIC	E
	64	Separate Accounts Electronic Filing	zzz	EO	xxx	3/1	NAIC	E
	65	Separate Accounts .PDF Filing	zzz	EO	xxx	3/1	NAIC	E
	66	Supplemental Electronic Filing	zzz	EO	xxx	4/1	NAIC	E
	67	Supplemental .PDF Filing	zzz	EO	xxx	4/1	NAIC	E
	68	Quarterly Statement Electronic Filing	zzz	EO	xxx	5/15, 8/15 & 11/15	NAIC	E
	69	Quarterly .PDF Filing	zzz	EO	xxx	5/15, 8/15 & 11/15	NAIC	E
	70	June .PDF Filing	zzz	EO	xxx	6/1	NAIC	E
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	zzz	EO	N/A	6/1	Company	B, only 1 copy
	22	Audited Financial Reports	zzz	EO	xxx	6/1	Company	B,I
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	B
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	B
	85	Independent CPA – Awareness Letter (change in accountants)	1	N/A	N/A	30 days after engagement	Company	B
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
	87	Notification of Adverse Financial Condition	1	N/A	N/A	Immediately	Company	B
	88	Request for Exemption to File	1	N/A	1	Timely manner	Company	B
	89	Request for relief from the five-year rotation requirement for lead audit partner	1	N/A	N/A	12/1	Company	B,AE
	89.1	Relief from the five-year rotation requirement for lead audit partner	1	EO	0	3/1	Company	B,AE
	90	Relief from the one-year cooling off period for independent CPA	1	EO	0	3/1	Company	B,AF
	91	Relief from the Requirements for Audit Committees	1	EO	0	3/1	Company	B,AG
	92	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	B
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	1	0	1	3/1	State	B,AC
	102	Certificate of Deposit	1	0	1	3/1	State	B,AC
	103	Certificate of Valuation	1	0	1	3/1	State	B,AC
	104	Filings Checklist (with Column 1 completed)	0	0	0	3/1	State	
	105	Premium tax	0	0	0		State	
	106	State Filing Fees	$25	0	$25	3/1	State	C,D,E,F,G,H,O,T,U
	107	Signed Jurat-Annual	1	0	0	3/1	NAIC	B,G,I,L
	107.1	Signed Jurat –Quarterly	1	0	0	5/15, 8/15, 11/15	NAIC	B,G,I,L
	108	Certificate of Authority Renewal Fee	$50	0	$50	3/1	Company	C,D,E,F,G,H,O,U
	109	Certificate of Advertising Compliance	1	0	1	3/1	Company	B,AB
	110	Examination Assessment Fee	$1,050	0	$1,050	7/1	State	O,Z,AA

***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 ZZZ appears in this column, this state does not require this filing if filed electronically with the NAIC but if not, 2 copies are required 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.**
*****Refer to the Notes & Instructions (below).**

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		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings – Contact Person:	Rhonda Hartwell RHONDA.HARTWELL@wvinsurance.gov (304) 558-2100 (Financial Conditions)
	B	Mailing Address: West Virginia Insurance Commissioner <u>Annual Statement:</u> Mailing: PO Box 50540 Charleston, WV 25305-0540 Location: 1124 Smith Street, Room 102 Charleston, WV 25301 <u>Annual Premium Tax Statement & State Page:</u> Mailing: PO Box 50540 Charleston, WV 25305-0540 Location: 1124 Smith Street, Room 102 Charleston, WV 25301	Domestic insurers may file hard copies of their entire annual statements but must file hard copies of their signed pages as listed on the previous pages. Phone: (304) 558-2100 – Tax Audit Section Foreign and alien fraternal societies need only file a signed Jurat. (See Note L) ***If the Annual Premium Tax Statement and State Page are submitted through OPTins, the hard copy is not required to be mailed***.
	C	Mailing Address for Filing Fees: <u>Filing Fee:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327 Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer's Office.	The annual fees are submitted along with the A-10 which is **due on or before March 1** and is located at: http://www.wvinsurance.gov/company/Forms/FraternalSocieties.aspx Phone: (304) 558-2100 – Tax Audit Section
	D	Mailing Address for Premium Tax Payments: <u>Premium Tax Payment:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327 Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer's Office.	W. Va. Code §33-43-6(e) states that for each of the quarters [first (**due on or before April 25**), second (**due on or before July 25**), and third (**due on or before October 25**)], payment must be submitted based on either one-fourth of the total tax paid during the preceding calendar year OR 80% of the actual tax liability for the current calendar year. The annual tax payment is **due on or before March 1**. **Even if there is a zero remittance, a filing must be made for <u>each quarter</u>.** Three forms of filing/payment include: **1. OPT*ins* -** http://www.optins.org/ to pre-register. **2. CHECK -** Insurers must make remittance using only the Tax Payment Form provided by this Office. The form is located at: http://www.wvinsurance.gov/company/TaxUnit.aspx **3. (<u>FOR ZERO FILERS ONLY</u>)** http://www.wvinsurance.gov/surpluslineszeropay.aspx You must retain your confirmation number. Phone: (304) 558-2100 – Tax Audit Section Fraternals - Not Applicable.

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	E	Delivery Instructions:	All filings must be **received** (not postmarked) **on or before** the indicated due date. If due date falls on a weekend or holiday then the deadline is extended to the next business day.
	F	Penalties for Late Filings:	W. Va. Code §33-3-11(b) may require the insurer to pay a penalty not exceeding ten thousand dollars for the late filing of Annual Statements. W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars ($25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date. W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.
	G	Original Signatures:	Required signatures (minimum of two (2) officers) must be original signatures on all filings.
	H	Signature/Notarization/Certification:	All forms must be signed and attested by at least two (2) officers where indicated.
	I	Amended Filings:	Amended items must be filed with a complete explanation of each amendment. If there are signature requirements for the original filing, the same requirements apply to any amendment.
	J	Extension from normal filings:	A request for extension must be filed not less than 10 days prior to due date and provide sufficient detail.
	K	Bar Codes (State or NAIC):	NAIC
	L	Signed Jurat:	All licensed companies must file a signed Jurat that must include a minimum of two (2) officers signatures.
	M	NONE Filings:	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form. Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability must file returns marked -0-.
	N	Filings new, discontinued or modified materially since last year:	Forms and instructions on the web have been updated.
	O	Checks:	Make checks payable to: WV Offices of the Insurance Commissioner
	P	Computer Generated or Tax Software Packages:	Computer generated or tax software packages for the Annual Premium Tax Statement and Annual Tax Payment Form are **acceptable but companies are liable for any incorrect formatting causing underpayments**.
	Q	Additional Copies:	If copies are required to be filed, file one (1) original and a copy as indicated.
	R	HMO/PEIA Rates:	File with: Rates and Forms Division PO Box 50540 Charleston, WV 25305-0540

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	S	Grievance Procedure:	File with: Consumer Services Division PO Box 50540 Charleston, WV 25305-0540
	T	State Filing Fees:	Licensed fraternal companies must remit a $25annual statement filing fee along with the Application for License (Form A-10) which is located at: http://www.wvinsurance.gov/company/Forms/FraternalSocieties.aspx
	U	COA Renewal Fees:	COA renewal fee is remitted with Tax Payment Form or your Application for License (Form A-10-required only for HMO's and HMDI's) and is **due on or before March 1**. See Note C. Application for License (Form A-10) is located at: http://www.wvinsurance.gov/company/Forms/FraternalSocieties.aspx
	V	HMO Requirement:	Only HMOs are subject to this requirement.
	W	Special Instruction for foreign HMOs:	Foreign licensed HMOs are required to make the same type and number of filing as a domestic HMO.
	X	Monthly Financial Statements/Quarterly Financial Statements:	Monthly financial statements must be filed if written request is issued by the commissioner. Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.
	Y	Premium Taxes:	HMO and HMDI are tax exempt and not required to file returns but are required to file Application for License (Form A-10) located at: http://www.wvinsurance.gov/company/Forms/HMO Life insurers and Property and Casualty insurers must file the appropriate tax returns. Forms are located at: http://www.wvinsurance.gov/company/TaxUnit.aspx or can be completed and uploaded through OPTins Licensed fraternal companies are tax exempt and not required to file returns. Phone: (304) 558-2100 – Tax Audit Section
	Z	Mailing Address: Examination Assessment Fee: West Virginia Insurance Commissioner STO/RPD PO Box 1861 Charleston WV 25327	Two forms of payments include: **OPTins -** http://www.optins.org/ to pre-register. and by **Check** **Form located at:** http://www.wvinsurance.gov/company/TaxUnit.aspx Fraternal societies must make remittance using only the Payment Form provided by this Office. The payment is **due on or before July 1**. Phone: (304) 558-2100 – Tax Audit Section

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	AA	Premium Tax Penalties:	W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars ($25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date. W. Va. Code §33-43-7(b) imposes a penalty of 1% of the unpaid portion for each day throughout for failure to pay a tax/fee liability in full. W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.
	AB	Certificate of Advertising Compliance:	Pursuant to W. V. C. S. R. 114-10-17.2, a Certificate of Advertising Compliance must be filed by all entities licensed to write accident and sickness insurance. File certificates with the signed Jurat Page. The certificate must be filed even if no business was written. You may devise your own statement or use the form provided under General Forms at: http://www.wvinsurance.gov/Forms/GeneralForms.aspx
	AC	Certificate of Compliance – Certificate of Deposit:	Foreign and alien licensed insurers must file these certificates with the signed Jurat Page or Application for License (Form A-10). The Certificate of Compliance is a Certificate of Compliance/Good Standing from your state of domicile and not the Certificate of Authority.
	AD	State Page:	File one copy with the signed Annual Premium Tax Form(IC-PT) that is due by March 1. Title Companies – File copy of Schedule T. Fraternals – Not Applicable.
	AE	Request and relief from 5 year CPA rotation requirement for lead audit partner	W. Va. Code §33-33-6(d) an insurer may make application to the commissioner for relief from the 5 year CPA rotation requirement on the basis of unusual circumstances. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.
	AF	Relief from the 1 year cooling off period for independent CPA	W. Va. Code §33-33-6(k) an insurer may make application to the commissioner for relief from the 1 year cooling off period on the basis of unusual circumstances. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.
	AG	Relief from the Requirements for Audit Committees	W. Va. Code §33-33-12(8) an insurer may make application to the commissioner for relief from the audit committee requirement on the basis of hardship. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.

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	AH	Reconciliation and Summary of Assets and Reserve Requirements	W. Va. Code §33-8-22(b) A property and casualty, financial guaranty, mortgage guaranty or accident and health sickness insurer shall supplement its annual statement with a reconciliation and summary of its assets and reserve requirements as required in subsection (a) of this section. A reconciliation and summary showing that an insurer's assets as required in said subsection are greater than or equal to its undiscounted reserves referred to in said subsection are sufficient to satisfy this requirement. Forms are located at: http://www.wvinsurance.gov/company/Forms.aspx

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NOTICE

ALL DOMESTIC AND FOREIGN INSURANCE COMPANIES
(Including Accredited Reinsurers)
AUTHORIZED TO SELL INSURANCE IN WEST VIRGINIA

THE EXAMINATION ASSESSMENT FEE NOTICES ARE NO LONGER MAILED TO INSURERS.

W. Va. Code §33-2-9 requires that all insurers subject to the provisions of this section shall **annually** pay an examination assessment fee, which is due in our office on or before **July 1**. The current examination assessment fee remains at **$1,050**; however, the fee may be increased upon the Commissioner's discretion. Should the Commissioner determine the need to increase the fee, a separate notice will be provided to all insurers.

THE EXAMINATION ASSESSMENT FEE FORMS WILL BE AVAILABLE ON OUR WEBSITE:

http://www.wvinsurance.gov/company/TaxUnit.aspx

All filings not received by July 1 will be subject to penalty and interest per WV Code§33-43-7(b) and 33-43-11.

If you have any questions regarding this matter, please contact the Tax Audit Section of the Financial Conditions Division at (304) 558-2100.

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