

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

TABLE OF CONTENTS

GENERAL INFORMATION.....2

1. INTRODUCTION..... 2

2. SUBMITTING FILINGS..... 2

 2.1. FILING DATES.....2

 2.2. FILING TYPES (STATEMENT DATA FILES).....5

 2.3. SUBMITTING INTERNET FILINGS.....7

 2.4. SUBMITTING DISKETTE FILINGS.....7

 2.4.1. Diskette Mailing Requirements.....8

 2.4.2. Where to Send Filings.....9

PDF GUIDELINES.....10

MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING.....11

SPECIAL INSTRUCTIONS FOR JURAT TABLES.....15

SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES.....16

SPECIAL INSTRUCTIONS FOR PROPERTY ELECTRONIC FILINGS.....20

SPECIAL INSTRUCTIONS FOR LIFE ELECTRONIC FILINGS.....27

SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS.....33

SPECIAL INSTRUCTIONS FOR FRATERNAL ELECTRONIC FILINGS.....40

SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS.....45

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

GENERAL INFORMATION

1. Introduction

The purpose of this *NAIC Electronic Filing Submission Directive* is to provide general as well as special instructions that may be helpful in ensuring insurance companies' compliance with electronic filing requirements outlined by the NAIC and participating state insurance departments.

It is the responsibility of insurers to meet all of the NAIC guidelines for data submission. Insurers will be held accountable for continued compatibility and compliance with NAIC requirements.

Insurers are responsible for obtaining any software required to convert and/or translate their internal file structures and formats to those prescribed by the NAIC for electronic filings.

Questions regarding this directive should be directed to Carol Carpenter, NAIC Insurance Reporting Analyst III, at (816) 783-8041 (phone), (816) 460-7674 (fax), or CCarpent@naic.org (E-mail).

Questions regarding data validations should be directed to Eva Yeung, NAIC Insurance Reporting Analyst III, at (816) 783-8407 (phone), (816) 460-7464 (fax), or EYeung@naic.org (E-mail).

Questions regarding annual statement electronic filing submissions should be directed to the NAIC Data Services Help Line: (816) 783-8600. (Callers should be prepared to provide the following information: name, phone number, five-digit NAIC company code, and a brief description of the nature of the call.)

2. Submitting Filings

2.1. Filing Dates

The filing deadlines for the components of the 2011 annual electronic filings that may be submitted to the NAIC are as follows.

Mar. 1, 2012	Annual Statement Filing (Property, Life, Health, Fraternal, Title) Bail Bond Supplement (Property) Director and Officer Insurance Coverage Supplement (Property) Financial Guaranty Insurance Exhibit (Property) Medicare Part D Coverage Supplement (Property, Life, Health, Fraternal) Medicare Supplement Insurance Experience Exhibit (Property, Life, Health, Fraternal) Premiums Attributed to Protected Cells Exhibit (Property) Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Property) Risk-Based Capital Report (Property, Life, Health, Fraternal) Separate Accounts Statement Filing (Life, Fraternal)
--------------	--

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Supplement A to Schedule T (Medical Professional Liability Supplement) (Property)
Supplemental Life data due March 1 (Health) (**Note:** All Supplemental Life data is due March 1, with the exception of the following items, which are due April 1: Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit; Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit; Analysis of Annuity Operations by Lines of Business; Analysis of Increase in Annuity Reserves During the Year.)

Supplemental Property/Casualty data due March 1 (Health) (**Note:** All Supplemental Property/Casualty data is due March 1, with the exception of the following item, which is due April 1: Insurance Expense Exhibit.)

Supplemental Schedule O (Life)

Trusted Surplus Statement (Property, Life, Fraternal)

Workers' Compensation Carve-Out Supplement (Life)

Actuarial Certification Regarding the Use of 2001 Preferred Class Tables Required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Maximum Reserve Liabilities (Life, Fraternal) (PDF file only)

Actuarial Certification Related to the Reserves Required by Actuarial Guideline XLIII (Life, Fraternal) (PDF file only)

Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities (Life, Fraternal) (PDF file only)

Actuarial Certifications Related to Hedging Required by Actuarial Guideline XLIII (Life, Fraternal) (PDF file only)

Actuarial Opinion (Property, Life, Health, Fraternal, Title) (PDF file only)

Actuarial Opinion (Statement) on Non-Guaranteed Elements as Required in Interrogatory 3 to Exhibit 5 (Life, Health Life Supplement, Fraternal) (PDF file only)

Actuarial Opinion on Participating and Non-Participating Policies as Required in Interrogatories 1 and 2 to Exhibit 5 (Life, Health Life Supplement, Fraternal) (PDF file only)

Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit (Life, Fraternal) (PDF file only)

Actuarial Opinion on Synthetic Guaranteed Investment Contracts (Life, Fraternal) (PDF file only)

Actuarial Opinion on X-Factors (Life, Fraternal) (PDF file only)

Actuarial Opinion Required by the Modified Guaranteed Annuity Model Regulation (Life, Fraternal) (PDF file only)

C-3 RBC Certifications Required Under C-3 Phase I (Life, Fraternal) (PDF file only – to be filed with Risk-Based Capital Report)

C-3 RBC Certifications Required Under C-3 Phase II (Life, Fraternal) (PDF file only – to be filed with Risk-Based Capital Report)

Financial Officer Certification Related to Clearly Defined Hedging Strategy Required by Actuarial Guideline XLIII (Life, Fraternal) (PDF file only)

Management Certification That the Valuation Reflects Management's Intent Required by Actuarial Guideline XLIII (Life, Fraternal) (PDF file only)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXV (Life, Fraternal) (PDF file only)
- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Average Market Value) (Life, Fraternal) (PDF file only)
- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Market Value) (Life, Fraternal) (PDF file only)
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method Required by Actuarial Guideline XXXVI (Life, Fraternal) (PDF file only)
- Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV (Life, Fraternal) (PDF file only)
- Reinsurance Attestation Supplement (Property) (PDF file only)
- Relief from the Five-year Rotation Requirement for Lead Audit Partner (Property, Life, Health, Fraternal, Title) (PDF file only)
- Relief from the One-year Cooling Off Period for Independent CPA (Property, Life, Health, Fraternal, Title) (PDF file only)
- Relief from the Requirements for Audit Committees (Property, Life, Health, Fraternal, Title) (PDF file only)

- Apr. 1, 2012 Accident and Health Policy Experience Exhibit (Property, Life, Health, Fraternal)
- Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (Life)
- Analysis of Annuity Operations by Lines of Business (Life, Fraternal)
- Analysis of Increase in Annuity Reserves During the Year (Life, Fraternal)
- Credit Insurance Experience Exhibit (Property, Life)
- Insurance Expense Exhibit (Property)
- Interest Sensitive Life Insurance Products Report (Life, Fraternal)
- Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (Life)
- Long-Term Care Experience Reporting Forms (Property, Life, Health, Fraternal)
- Supplemental Health Care Exhibit – Parts 1, 2, and 3 (Property, Life, Health, Fraternal)
- Supplemental Health Care Exhibit's Expense Allocation Report (Property, Life, Health, Fraternal)
- Supplemental Investment Risks Interrogatories (Property, Life, Health, Fraternal, Title)
- Supplemental Life data due April 1 (Health) (Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit; Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit; Analysis of Annuity Operations by Lines of Business; Analysis of Increase in Annuity Reserves During the Year)
- Supplemental Property/Casualty data due April 1 (Health) (Insurance Expense Exhibit)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

will be informed that the insurer has not complied with filing requirements, if necessary.) A refiling must always be a complete filing. Each refiling must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

RCM	Refiling of Complete March electronic filing
RCRP	Refiling of Complete RBC Property electronic filing
RCRL	Refiling of Complete RBC Life electronic filing
RCRX	Refiling of Complete RBC Health electronic filing
RCRF	Refiling of Complete RBC Fraternal electronic filing
RCS	Refiling of Complete Separate Accounts electronic filing
RCA	Refiling of Complete April electronic filing
RCCP	Refiling of Complete Combined Property electronic filing
RCJ	Refiling of Complete June electronic filing

An amended filing is to be submitted when any portion of an insurer's electronic statement data file is being revised or restated due to analysis by the insurer, the insurer's state of domicile, or the NAIC. Amended filings must include all records for the table(s) containing revised or restated data. (For example: Even if only one line of the 2011 annual Assets table needs correction, the amended 2011 annual Assets table must contain all required lines and should include all data as represented by the hard copy of that table.) Amended filings must be submitted as partial amended filings if only a portion of the entire statement data file is being revised. Amended filings must be submitted as complete amended filings if the entire statement data file is being revised. All amended filings must be accompanied by Jurat page information. Each amendment must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

APM	Amendment of Partial March electronic filing
APS	Amendment of Partial Separate Accounts electronic filing
APA	Amendment of Partial April electronic filing
APCP	Amendment of Partial Combined Property electronic filing
ACM	Amendment of Complete March electronic filing
ACRP	Amendment of Complete RBC Property electronic filing
ACRL	Amendment of Complete RBC Life electronic filing
ACRX	Amendment of Complete RBC Health electronic filing
ACRF	Amendment of Complete RBC Fraternal electronic filing
ACS	Amendment of Complete Separate Accounts electronic filing
ACA	Amendment of Complete April electronic filing
ACCP	Amendment of Complete Combined Property electronic filing
ACJ	Amendment of Complete June electronic filing

Note:

- a) A company's partial or complete amended March, Separate Accounts, April, or Combined Property electronic data filing must be accompanied by the following:
 - i) the appropriate amended PDF file(s),
 - ii) a cover letter detailing all changes.
- b) Complete amended filings (not partial amended filings) must be submitted for the following:
 - i) RBC Property electronic filing,
 - ii) RBC Life electronic filing,
 - iii) RBC Health electronic filing,

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- iv) RBC Fraternal electronic filing,
- v) June electronic filing.
- c) A company's complete amended RBC electronic filing must be accompanied by the following:
 - i) the RBC amended PDF represented by the filing,
 - ii) (if the RBC data being amended necessitates a change to five-year historical data) a separate ZIP file containing an amended March electronic data filing and an amended PK PDF file, both representing amended five-year historical data.

2.3. Submitting Internet Filings

Internet Filing is recommended for submitting financial statement data to the NAIC. Insurers that file through the NAIC Internet Filing Web site are not required to submit diskette filings or transmittal forms to the NAIC. (Domiciliary state and licensed state filing requirements must continue to be met by insurers.)

Information regarding Internet Filing can be accessed at
http://www.naic.org/industry_financial_filing_if_guide.htm.

Questions regarding Internet Filing should be directed to the NAIC FDR Data Administrators.

Margaret Lara at (816) 783-8606 (phone) or MLara@naic.org (E-mail)
Cheryl Minor at (816) 783-8608 (phone) or CMMinor@naic.org (E-mail)
Cheryl Moore at (816) 783-8607 (phone) or CMoore@naic.org (E-mail)

2.4. Submitting Diskette Filings

The NAIC is moving towards the goal of requiring **all** electronic filings of financial statement data to be submitted via the NAIC Internet Filing Web site. For data year 2011, however, the NAIC will continue to accept diskette filings from companies that do not file via the Internet. (**Note:** CD-ROM filings also will continue to be accepted for data year 2011.)

Physical submission ZIP files can be created to span diskettes, using the automatic capabilities of ZIP processing. A file on one diskette can terminate (have an end of file mark) at the end of any page, schedule, exhibit, or supplement. The records on the physical file of each subsequent diskette will continue from the records on the physical file of the previous diskette.

Diskettes submitted to the NAIC and to participating states must be IBM-compatible, 3.5" high-density, soft-sectored diskettes. The recording density must be 1.44MB. Diskettes must be formatted correctly.

The annual data file for each filing deadline, as well as each RBC data file, **must** be submitted on a separate diskette (or set of diskettes). [For example: If a company sends its March annual statement submission, its April submission, its June submission, and its RBC submission at the same time, each submission must be submitted on its own distinct diskette (or set of diskettes).] The Combined Property data file must be submitted separately and must include all filings for the Combined Property statement, including the Insurance Expense Exhibit. Similarly, each Separate Accounts data file must be submitted separately and must include all filings for the Separate Accounts statement.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Each diskette submitted to the NAIC must contain a diskette label with the following information: Company Name; NAIC Company Code; FEIN; Name of Annual Statement Software Vendor; Diskette No. ___ of ___ (i.e., Diskette No. 2 of 4); Filing Date; Diskette Contact Person and Telephone Number; Filing Type.

ABC INSURANCE COMPANY OF AMERICA NAIC = 12345 FEIN = 12-3456789 XYZ SOFTWARE CORP. DISKETTE NO. 1 OF 1 FILING DATE: 3/1/2012 CONTACT PERSON: JOE SMITH TELEPHONE NUMBER: 800-555-1234 FILING TYPE: MARCH ORIGINAL
--

ABC INSURANCE COMPANY OF AMERICA NAIC = 12345 FEIN = 12-3456789 XYZ SOFTWARE CORP. DISKETTE NO. 1 OF 2 FILING DATE: 3/1/2012 CONTACT PERSON: JOE SMITH TELEPHONE NUMBER: 800-555-1234 FILING TYPE: MARCH REFILE
--

ABC INSURANCE COMPANY OF AMERICA NAIC = 12345 FEIN = 12-3456789 XYZ SOFTWARE CORP. DISKETTE NO. 1 OF 2 FILING DATE: 4/1/2012 CONTACT PERSON: JOE SMITH TELEPHONE NUMBER: 800-555-1234 FILING TYPE: APRIL AMENDMENT

2.4.1. Diskette Mailing Requirements

Diskettes must be enclosed in rigid protective packaging that will prevent bending and other destruction that could occur during mail handling. The outer package must be labeled clearly to indicate that computer diskettes are enclosed.

An appropriate diskette transmittal form must accompany all diskette filings (with the exception of RBC filings). The person who signs the transmittal form, by doing so, certifies that, to the best of his/her knowledge, all diskettes being submitted are in compliance with the NAIC’s electronic filing specifications.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

2.4.2. Where to Send Filings

Insurers may mail their annual statement data diskettes to the NAIC at either of the following addresses.

Attn: FDR Data Administrators
NAIC Database
2301 McGee Street, Suite 800
Kansas City, MO 64108
816-783-8600

Attn: FDR Data Administrators
NAIC Database
1100 Walnut Street, Suite 1500
Kansas City, MO 64106
816-783-8600

Any state requiring submission of diskettes directly to the state will notify its domiciled insurers of that requirement.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

PDF GUIDELINES

1. Security must not be applied to PDF files by insurance companies, software vendors, or third-party preparers.
2. Bar codes are not required in PDF files.
3. All original and refiled annual statement PDF files should contain a Jurat page.
4. Each amended annual statement PDF file should contain a Jurat page as well as an explanation cover page.
5. If only Jurat page information is being amended, a company can submit an amended Jurat page in any statement PDF file that corresponds to the filing date for which the information is being amended.

Note: The PDF filings listed below undergo a screening process upon receipt by the NAIC. The filings are screened for inclusion of an **Actuarial Opinion Summary, Regulatory Asset Adequacy Issues information, and/or Exceptions to the Reinsurance Attestation Supplement, each of which is considered to be confidential and should not be submitted to the NAIC.**

- a) Actuarial Certification Related to the Reserves Required by Actuarial Guideline XLIII (Life, Fraternal)
- b) Actuarial Certifications Related to Hedging Required by Actuarial Guideline XLIII (Life, Fraternal)
- c) Actuarial Opinion (Property, Life, Health, Fraternal, Title)
- d) Actuarial Opinion Required by the Modified Guaranteed Annuity Model Regulation (Life, Fraternal)
- e) Financial Officer Certification Related to Clearly Defined Hedging Strategy Required by Actuarial Guideline XLIII (Life, Fraternal)
- f) Management Certification That the Valuation Reflects Management's Intent Required by Actuarial Guideline XLIII (Life, Fraternal)
- g) Reinsurance Attestation Supplement (Property)

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING

1. An insurer’s annual electronic filings submitted to the NAIC must be consistent with the filings submitted to the insurer’s domiciliary state.
2. All annual statement amounts must be reported in whole dollars or with “000” omitted, with no reporting of cents unless otherwise noted in the NAIC’s specifications.
3. All phone numbers must be reported on the electronic filing in the format xxx-xxx-xxxx-xxxxxxx (representing the area code, the seven-digit phone number, and up to a seven-digit extension number). If there is no extension number, the last seven digits of the phone number field must be left blank. If the extension number has fewer than seven digits, the extension must be left-justified, with the remaining spaces left blank.

Example: (913) 383-1286 ext. 500 should be reported as 913-383-1286-500

Note: Foreign numbers must be adapted to the described format.

4. On the electronic filing, names must be reported in the following order, with no punctuation.

Last Name First Name Middle Name Suffix

Note: The Middle Name field can be empty for all required names. A Suffix is not required for all names.

5. ZIP files should not contain empty PDFs.
6. A given ZIP file should contain only those files that are due on a specific filing date. For example: A March ZIP file should contain only the files that have a filing date of March 1; it should not contain files that have a filing date of April 1.
7. The first page of an amended PDF within a ZIP file should be an explanatory cover letter. The bookmark for that page should be named “Amended Explanation”.
8. If an insurer has nothing to report in a text field of a required line, the field should be left blank on the electronic filing. **[An exception to this guideline is Column 1 (Active Status) of Schedule T for every statement type. An appropriate response must appear in every open cell of Column 1 of Schedule T.]**
9. Tables that consist of both variable line ranges and fixed lines must not contain zero-filled detail lines on the electronic filing.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

10. The following are guidelines regarding the electronic filing of supplements.
- A supplement should be filed **only** if it is applicable to the reporting company.
Note: The Insurance Expense Exhibit is a required filing for **all Property companies**, unless specifically waived by the domiciliary state. The Accident and Health Policy Experience Exhibit is a required filing for **all Health companies**, unless specifically waived by the domiciliary state. The Investment Risks Interrogatories is a required filing for **all companies**, regardless of statement type, unless specifically waived by the domiciliary state.
 - If a company answers “NO” to the Supplemental Interrogatory that pertains to a particular supplement – or if a company is waived from filing one of the required supplements noted above – zero-filled or blank filings for that supplement **should not** be filed electronically.
 - If a company answers “YES” to the Supplemental Interrogatory that pertains to a particular supplement, **all required parts of that supplement – even those for which the company has nothing to report – must be filed electronically.**
11. The following are guidelines regarding the completion of the annual Supplemental Exhibits and Schedules Interrogatories.
- If the reporting company **will be filing a particular supplement:**
Electronic data file response – YES (in YES/NO Response column – Column 1)
Hard copy / PDF response – YES (in Response column of page)
 - If the reporting company **will not be filing a particular supplement because the company’s domiciliary state has waived the company from filing that supplement:**
Electronic data file response – WAIVED (in YES/NO Response column – Column 1); appropriate **bar code** (in Document Bar Code column – Column 3)
Hard copy / PDF response – WAIVED (in Response column of page); appropriate **bar code** (in Bar Code section of page)
 - If the reporting company **will not be filing a particular supplement because the company does not do the type of business to which the supplement applies:**
Electronic data file response – NO (in YES/NO Response column – Column 1); appropriate **explanation** (in Explanation column – Column 2); appropriate **bar code** (in Document Bar Code column – Column 3)
Hard copy / PDF response – NO (in Response column of page); appropriate **explanation** (in Explanation section of page); appropriate **bar code** (in Bar Code section of page)
 - If the reporting company **will not be filing a particular supplement for any other reason:**
Electronic data file response – NO (in YES/NO Response column – Column 1); appropriate **explanation** (in Explanation column – Column 2)
Hard copy / PDF response – SEE EXPLANATION (in Response column of page); appropriate **explanation** (in Explanation section of page)
12. There never should be more than one state page for each state abbreviation that is included on Schedule T.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

13. If a base table that has a corresponding write-in table and/or footnote table is included on a company's electronic filing, the write-in table and/or footnote table must be included on the electronic filing, also.
14. The following are guidelines regarding the electronic filing of tables that contain key columns (for example, tables that contain a State Abbreviation column).
 - If a base table that contains a key column has a corresponding write-in table and/or footnote table, each value that is reported in the key column of the base table also must be reported in the key column of the corresponding write-in table and/or footnote table.
 - For each value that is reported in the key column of a given table, all required lines of the table must be included on the electronic filing.
 - If a particular valid value for the key column of a given table is not applicable to a company, that key column value should not be included on the company's electronic filing.
15. Unless otherwise specified in the annual statement instructions, all alphabetic code and YES/NO responses in interrogatories, exhibits, and schedules should be reported in uppercase letters only.
16. The length of an entry in any given field on the electronic filing must not exceed the length prescribed for that field in the NAIC's electronic filing specifications. An entry in a field of a given line of a table must not be continued on a subsequent line of that table. (For example: An entry in the Description field for Line 0100001 of Schedule D, Part 1 must not exceed 40 characters and must not be continued on Line 0100002 of the table.) If necessary, entries may be abbreviated in order not to exceed prescribed field lengths.
17. Original and refiled March filings and Separate Accounts filings that contain ANY of the following files must contain ALL of the following files: the statement data file, the Key Annual Statement Schedules PDF file, the Annual Statement Investment Schedules PDF file, and the Other Annual Statement Schedules PDF file.
18. Original and refiled RBC filings, April filings, and Combined Property filings that contain EITHER of the following files must contain BOTH of the following files: the statement data file and the statement data PDF file.
19. Following are the minimum standards data validation descriptions, listed by statement type. An insurer's electronic filing having an error related to any of these descriptions will fail the NAIC's data validation process and will not, therefore, be loaded to the NAIC's database.

Annual Property:

 - Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
 - Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39
 - Assets Page, Column 1, Line 28 should not equal to 0

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Combined Property:

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
- Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39

Annual Life:

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 39
- Liabilities, Surplus and Other Funds Page, Column 1, Line 38 did not equal Summary of Operations Page, Column 1, Line 55
- Assets Page, Column 1, Line 28 should not equal to 0

Annual Health:

- Assets Page, Column 3, Line 28 did not equal Liabilities, Capital and Surplus Page, Column 3, Line 34
- Liabilities, Capital and Surplus Page, Column 3, Line 33 did not equal Statement of Revenue and Expenses Page, Column 1, Line 49
- Assets Page, Column 1, Line 28 should not equal to 0

Annual Fraternal:

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 31
- Liabilities, Surplus and Other Funds Page, Column 1, Line 30 did not equal Summary of Operations Page, Column 1, Line 47
- Assets Page, Column 1, Line 28 should not equal to 0

Annual Title:

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 33
- Liabilities, Surplus and Other Funds Page, Column 1, Line 32 did not equal Operations and Investment Exhibit Page, Statement of Income, Column 1, Line 32
- Assets Page, Column 1, Line 28 should not equal to 0

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

SPECIAL INSTRUCTIONS FOR JURAT TABLES

Some of the Jurat information that is to be reported on a given electronic filing may not apply to a particular reporting entity. However, reporting entities **must report** the following Jurat information on their electronic filings.

March and April Filings

- NAIC Company Code
- FEIN
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- Internet Website Address for Statutory Home Office
Note: If a company does not have an Internet Website Address, the company should enter N/A for this item.
- Name and Title of at least two individuals who sign the Jurat
- Vendor Name
- Vendor Version Number
- Vendor Code

Combined Property Filings

- Current Period Group Code
- NAIC Company Code
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- Mail Address
- Vendor Name
- Vendor Version Number
- Vendor Code

Risk-Based Capital Filings

- NAIC Company Code
- FEIN
- State of Organization
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- RBC Contact Address
- Name and Title of at least one officer who signs the Jurat
- Vendor Name
- Vendor Version Number
- Vendor Code
- Was a Vendor Link File Used (YES/NO response)

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES

Annual Uniform

❖ SCHEDULE B, PART 1

Property, Health, and Title companies may use **either** Lines 0799999, 1599999, 2399999, and 3199999 **or** Lines 0199999-0699999, 0999999-1499999, 1799999-2299999, and 2599999-3099999.

Life and Fraternal companies must **not** use Lines 0799999, 1599999, 2399999, and 3199999.

Lines 0899999, 1699999, 2499999, 3299999, and 3399999 apply to all companies.

❖ SCHEDULE B, PART 2

Property, Health, and Title companies may use **either** Lines 0799999, 1599999, 2399999, and 3199999 **or** Lines 0199999-0699999, 0999999-1499999, 1799999-2299999, and 2599999-3099999.

Life and Fraternal companies must **not** use Lines 0799999, 1599999, 2399999, and 3199999.

Lines 0899999, 1699999, 2499999, 3299999, and 3399999 apply to all companies.

❖ SCHEDULE B, PART 3

Column 4 (Loan Type) – If the loan was made to an officer or a director of the reporting entity/subsidiary/affiliate, enter E. If the loan was made directly to a subsidiary or an affiliate, enter S. Otherwise, leave the column blank.

❖ SCHEDULE D, PART 1 through SCHEDULE D, PART 5

For acquisition and disposal dates, if a company reports multiple issues of bonds or stocks on any one line of the listed parts of Schedule D, the date of the last acquisition or last disposal should be reported.

❖ SCHEDULE D, PART 1 through SCHEDULE D, PART 6, SECTION 2

For securities that do not have CUSIP, PPN, or CINS numbers, the CUSIP fields should be zero filled on the electronic filing.

❖ SCHEDULE D, PART 1

Column 5 (Bond Characteristics) – Companies should input only the one-digit characteristics codes that apply. For example: If only characteristics codes 1, 3, 5, and 7 apply to a company, 1357 should be reported (rather than 1030507). If none of the characteristics applies, the column should be left blank.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Column 18 (When Paid Interest) – If interest is paid monthly, use MON.

Column 23 (State Identifier) – This column appears on the electronic filing only. Valid responses for the column are the two-letter state abbreviations used throughout the electronic filing. Each line within the line ranges to which the column applies can be used only once, although a given state abbreviation can be used multiple times within a given line range. For example: Line 1100001 – AL (for Alabama), Line 1100002 – KS (for Kansas), Line 1100003 – AL (for Alabama), Line 1100004 – NY (for New York).

Column 24 (Method Code – Method Used to Obtain Fair Value) – This column appears on the electronic filing only. The valid responses for the column are lowercase a, b, c, d, and e. Each detail line of Schedule D, Part 1 must contain one – and only one – of the listed codes.

Column 25 (Source – Method Used to Obtain Fair Value) – This column appears on the electronic filing only.

Column 26 (Collateral Type) – This column appears on the electronic filing only.

For Class One Bond Mutual Funds, Column 10 (Par Value), Column 16 (Rate of Interest), and Column 17 (Effective Rate of Interest) should be zero filled on the electronic filing; Column 18 (When Paid Interest) should be N/A.

❖ SCHEDULE D, PART 2, SECTION 1

Column 6 (Par Value Per Share) – All detail lines require correct reporting of dollars and cents.

Column 22 (Method Code – Method Used to Obtain Fair Value) – This column appears on the electronic filing only. The valid responses for the column are lowercase a, b, c, d, and e. Each detail line of Schedule D, Part 2, Section 1 must contain one – and only one – of the listed codes.

Column 23 (Source – Method Used to Obtain Fair Value) – This column appears on the electronic filing only.

❖ SCHEDULE D, PART 2, SECTION 2

Column 5 (Number of Shares) – All detail lines require correct reporting of shares of stock.

Column 19 (Method Code – Method Used to Obtain Fair Value) – This column appears on the electronic filing only. The valid responses for the column are lowercase a, b, c, d, and e. Each detail line of Schedule D, Part 2, Section 2 must contain one – and only one – of the listed codes.

Column 20 (Source – Method Used to Obtain Fair Value) – This column appears on the electronic filing only.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

❖ SCHEDULE D, PART 3

Column 8 (Par Value) – For preferred stock, the par value per share is to be reported in dollars and cents.

Column 10 (State Identifier) – This column appears on the electronic filing only. Valid responses for the column are the two-letter state abbreviations used throughout the electronic filing. Each line within the line ranges to which the column applies can be used only once, although a given state abbreviation can be used multiple times within a given line range. For example: Line 1700001 – AL (for Alabama), Line 1700002 – KS (for Kansas), Line 1700003 – AL (for Alabama), Line 1700004 – NY (for New York).

❖ SCHEDULE D, PART 4

Column 8 (Par Value) – For preferred stock, the par value per share is to be reported in dollars and cents.

Column 22 (State Identifier) – This column appears on the electronic filing only. Valid responses for the column are the two-letter state abbreviations used throughout the electronic filing. Each line within the line ranges to which the column applies can be used only once, although a given state abbreviation can be used multiple times within a given line range. For example: Line 1700001 – AL (for Alabama), Line 1700002 – KS (for Kansas), Line 1700003 – AL (for Alabama), Line 1700004 – NY (for New York).

❖ SCHEDULE D, PART 5

Column 8 (Par Value [Bonds] or Number of Shares [Stock]) – Lines 8400001 through 9399996 require correct reporting of shares of stock.

Column 22 (State Identifier) – This column appears on the electronic filing only. Valid responses for the column are the two-letter state abbreviations used throughout the electronic filing. Each line within the line ranges to which the column applies can be used only once, although a given state abbreviation can be used multiple times within a given line range. For example: Line 1700001 – AL (for Alabama), Line 1700002 – KS (for Kansas), Line 1700003 – AL (for Alabama), Line 1700004 – NY (for New York).

❖ SCHEDULE D, PART 6, SECTION 1

Column 5 (NAIC Valuation Method) – For the valid NAIC valuation method codes, see the SVO Purposes and Procedures Manual (Part Five, Section 2).

❖ SCHEDULE DB, PART A, SECTION 1

Column 24 (Method Code – Method Used to Obtain Fair Value) – This column appears on the electronic filing only.

Column 25 (Source – Method Used to Obtain Fair Value) – This column appears on the electronic filing only.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

❖ SCHEDULE DB, PART C, SECTION 1

If a Replication (Synthetic) Asset has multiple Components, the following columns of Schedule DB, Part C, Section 1 must be completed **for each Component**.

Column 1 – Number

Column 4 – Notional Amount

Column 5 – Book/Adjusted Carrying Value – Replication (Synthetic) Asset Transactions

Column 7 – Effective Date

Column 8 – Maturity Date

Column 10 – Book/Adjusted Carrying Value – Derivative Instrument(s) Open

Column 12a1 – CUSIP Issuer

Column 12a2 – CUSIP Issue

Column 12a3 – CUSIP Check Digit

Column 13 – Description – Cash Instrument(s) Held

Column 14 – NAIC Designation or Other Description – Cash Instrument(s) Held

Column 15 – Book/Adjusted Carrying Value – Cash Instrument(s) Held

Column 16 – Fair Value – Cash Instrument(s) Held

If a Replication (Synthetic) Asset has multiple Components, the following columns of Schedule DB, Part C, Section 1 must be completed **only once for the set of Components**.

Column 2 – Description – Replication (Synthetic) Asset Transactions

Column 3 – NAIC Designation or Other Description – Replication (Synthetic) Asset Transactions

Column 6 – Fair Value – Replication (Synthetic) Asset Transactions

Column 9 – Description – Derivative Instrument(s) Open

Column 11 – Fair Value – Derivative Instrument(s) Open

Combined Property Uniform

❖ SCHEDULE D, PART 1

Only total line 8399999 is to be reported on the Combined Property electronic filing.

❖ SCHEDULE D, PART 2, SECTION 1

Only total line 8999999 is to be reported on the Combined Property electronic filing.

❖ SCHEDULE D, PART 2, SECTION 2

Only total line 9899999 is to be reported on the Combined Property electronic filing.

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR PROPERTY ELECTRONIC FILINGS

Annual Property

- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 1311001-1311996, Column 1 (Description) does not apply.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Contingencies
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 – Leases
For Lines 15A02A1-15A02A6, the line captions are as follows.
Line 15A02A1 – 2012 (year ending December 31)
Line 15A02A2 – 2013 (year ending December 31)
Line 15A02A3 – 2014 (year ending December 31)
Line 15A02A4 – 2015 (year ending December 31)
Line 15A02A5 – 2016 (year ending December 31)
Line 15A02A6 – Total (year ending December 31)
Note: Line 15A02A6 should be the aggregate total of all future years.

For Lines 15B01C1-15B01C6, the line captions are as follows.
Line 15B01C1 – 2012 (year ending December 31)
Line 15B01C2 – 2013 (year ending December 31)
Line 15B01C3 – 2014 (year ending December 31)
Line 15B01C4 – 2015 (year ending December 31)
Line 15B01C5 – 2016 (year ending December 31)
Line 15B01C6 – Total (year ending December 31)
Note: Line 15B01C6 should be the aggregate total of all future years.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and *U (for Underwriting).

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

❖ GENERAL INTERROGATORIES, PART 1 – General

Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (OTS), Column 15 (FDIC), and Column 16 (SEC) are YES and NO.

Note: The Enhancing Financial Institution Safety and Soundness Act of 2010 abolished the Office of Thrift Supervision (OTS). For 2011 annual filings, the response for Column 14 (OTS) should be NO.

❖ GENERAL INTERROGATORIES, PART 2

It is valid for Lines 04.1, 04.2, 05.1, and 05.4 to be left unanswered if these interrogatories do not apply to the reporting entity.

❖ EXHIBIT OF PREMIUMS AND LOSSES (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, has direct losses incurred, or has direct losses unpaid must be submitted for the Exhibit of Premiums and Losses. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums and Losses.

❖ SCHEDULE F, PART 1 through SCHEDULE F, PART 7

Column 1 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

❖ SCHEDULE F, PART 1

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE F, PART 3

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

Column 5 (Reinsurance Contracts Ceding 75% or More of Direct Premiums Written) – With the exception of the types of reinsurance transactions listed in the annual statement instructions for Schedule F, Part 3, a 2 should be entered in this column. For the aforementioned exceptions, this column should be left blank.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

❖ SCHEDULE F, PART 4

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE F, PART 5

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

L (for Licensed or Chartered)

R (for Registered)

E (for Eligible)

Q (for Qualified)

N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 12 of this directive.)

❖ FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 1 through FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 7

These tables are to be filed only if the reporting company writes financial guaranty insurance.

❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes medicare supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) of the Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

The information called for in the Medicare Supplement Insurance Experience Exhibit Interrogatories should be reported only once for each applicable state code.

❖ **MEDICARE PART D COVERAGE SUPPLEMENT**

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

❖ **PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT**

This exhibit is to be filed only if the reporting company has risks attributed to the company's protected cells.

❖ **SAOEASCOPE – STATEMENT OF ACTUARIAL OPINION, EXHIBIT A, SCOPE and
SAOEBDISCLOS – STATEMENT OF ACTUARIAL OPINION, EXHIBIT B, DISCLOSURES**

The Statement of Actuarial Opinion Exhibit tables in the electronic data file must not be automatically populated by a software vendor. The data called for in the tables must be manually entered in the electronic data file by the reporting entity and must match the data reported in the corresponding tables in the reporting entity's Statement of Actuarial Opinion PDF file.

If a reporting entity is not required to submit a Statement of Actuarial Opinion PDF file to the NAIC by the March 1 filing deadline, the Statement of Actuarial Opinion Exhibit tables must be blank in the reporting entity's March electronic data file.

❖ **SUPPLEMENT A TO SCHEDULE T**

This table is to be filed only if the reporting company writes medical professional liability insurance.

The valid codes for the Key Code column are PH (for Physicians, including surgeons and osteopaths), OP (for Other Health Care Professionals, including dentists), HS (for Hospitals), and OF (for Other Health Care Facilities).

❖ **TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

❖ **BAIL BOND SUPPLEMENT**

This table is to be filed only if the reporting company writes bail bond coverage.

❖ **DOSUPDIROFFICER – DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

This table is to be filed only if the reporting company provides director and officer (D&O) liability coverage in a monoline policy or as part of a commercial multiple peril (CMP) policy.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- ❖ SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 3
Valid responses for the State Code column are the two-letter state abbreviations (STABBRs), **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

- ❖ CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 1A through CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 6
These tables are to be filed only if the reporting company writes credit insurance.

Credit Insurance Experience Exhibit, Part 6 is to be reported on a nationwide basis.

All of the other Credit Insurance Experience Exhibit tables are to be reported on a state basis; a Grand Total page must be submitted for each of these tables.

- ❖ LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5
These tables are to be filed only if the reporting company writes long-term care insurance.

Combined Property

- ❖ SCHEDULE F, PART 1 through SCHEDULE F, PART 7
Only subtotal lines and total lines are to be reported on the Combined Property electronic filing.

- ❖ SCHEDULE T
The valid responses for Column 1 (Active Status) are as follows.
 - L (for Licensed or Chartered)
 - R (for Registered)
 - E (for Eligible)
 - Q (for Qualified)
 - N (for None of the above)
Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

- ❖ COMBINED REFERENCE
This table is unique to the Combined Property electronic filing. The names of the individual companies to which a Combined filing applies must be listed in this table. The NAIC company code and the name of the state of domicile for each individual company must be entered in this table, also.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Risk-Based Capital - Property

❖ **RBC ASSET CONCENTRATION FACTOR**

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

❖ **RBC COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL**

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

❖ **RBC UNDERWRITING AND INVESTMENT EXHIBIT, PREMIUMS WRITTEN, INTERROGATORIES**

The valid responses for this table are YES and NO. YES or NO **must appear in every cell of the table.**

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (PROPERTY)

Name of Insurer _____
 Date ____/____/____ FEIN ____ - _____
 NAIC Group # _____ NAIC Company # _____

THIS FORM IS REQUIRED FOR DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS.
 PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE	COMB.
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	_____	_____	_____	_____
4. Other? (Y/N) (If "yes," attach an explanation.)	_____	_____	_____	_____

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:
 Phone: _____ - _____ - _____
 Address: _____

D. Software vendor:
 Software version number: _____

E. Have material validation failures been addressed in the explanation file?
 Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name) _____ (version number) _____.

(Signed) _____

Type Name and Title _____

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR LIFE ELECTRONIC FILINGS

Annual Life

- ❖ ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR
Line 06 – All columns must be reported as positive numbers.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 1311001-1311996, Column 1 (Description) does not apply.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Contingencies
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 – Leases
For Lines 15A02A1-15A02A6, the line captions are as follows.
Line 15A02A1 – 2012 (year ending December 31)
Line 15A02A2 – 2013 (year ending December 31)
Line 15A02A3 – 2014 (year ending December 31)
Line 15A02A4 – 2015 (year ending December 31)
Line 15A02A5 – 2016 (year ending December 31)
Line 15A02A6 – Total (year ending December 31)
Note: Line 15A02A6 should be the aggregate total of all future years.

For Lines 15B01C1-15B01C6, the line captions are as follows.
Line 15B01C1 – 2012 (year ending December 31)
Line 15B01C2 – 2013 (year ending December 31)
Line 15B01C3 – 2014 (year ending December 31)
Line 15B01C4 – 2015 (year ending December 31)
Line 15B01C5 – 2016 (year ending December 31)
Line 15B01C6 – Total (year ending December 31)
Note: Line 15B01C6 should be the aggregate total of all future years.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and *U (for Underwriting).

❖ **GENERAL INTERROGATORIES, PART 1 – General**

Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (OTS), Column 15 (FDIC), and Column 16 (SEC) are YES and NO.

Note: The Enhancing Financial Institution Safety and Soundness Act of 2010 abolished the Office of Thrift Supervision (OTS). For 2011 annual filings, the response for Column 14 (OTS) should be NO.

❖ **FIVE-YEAR HISTORICAL DATA**

Amounts of life insurance in this exhibit must be shown in thousands (omit \$000).

Percentages should be rounded to one decimal place (not truncated).

❖ **LIFE INSURANCE (State Page)**

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, or has direct losses incurred must be submitted for the Life Insurance tables. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Life Insurance tables.

For each reported state abbreviation and for the Grand Total page, the footnote that appears at the bottom of the state page in the Life Blank must be completed on the electronic filing and in the appropriate PDF – even if the figures to be reported are zeroes – if health business is reported on the following lines of the state page: Lines 24, 24.1, 24.3, 25.1, 25.2, 25.3, and 25.5.

❖ **SCHEDULE S, PART 1, SECTION 1 through SCHEDULE S, PART 4**

Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

❖ **SCHEDULE T**

The valid responses for Column 1 (Active Status) are as follows.

L (for Licensed or Chartered)

R (for Registered)

E (for Eligible)

Q (for Qualified)

N (for None of the above)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SCHEDULE T (Footnote)

Line 0000001 – The explanation of the basis of allocation by states, etc., of premiums and annuity considerations should be entered on this line.

Line 0000002 – The balancing schedule used for Schedule T, Column 4 (Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees) should be reported on this line.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 12 of this directive.)

❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes medicare supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) of Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

The information called for in the Medicare Supplement Insurance Experience Exhibit Interrogatories should be reported only once for each applicable state code.

❖ MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

❖ SCHEDULE O, PART 1, SECTION A through SCHEDULE O, PART 4, SECTION G

For each of sections D through G that contains non-zero data, the Footnote record (Description of line of business) must be completed.

❖ TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

❖ WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 1) and WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 2)

Column 1 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

Note: Line 1999999 of Workers' Compensation Carve-out Supplement Schedule F, Part 2 is not to be used by Life companies.

❖ **SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 3**

Valid responses for the State Code column are the two-letter state abbreviations (STABBRs), **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

❖ **CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 1A through CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 6**

These tables are to be filed only if the reporting company writes credit insurance.

Credit Insurance Experience Exhibit, Part 6 is to be reported on a nationwide basis.

All of the other Credit Insurance Experience Exhibit tables are to be reported on a state basis; a Grand Total page must be submitted for each of these tables.

❖ **INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT – ANALYSIS OF OPERATIONS BY LINES OF BUSINESS and INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT – ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

These tables are to be filed only if the reporting company writes interest-sensitive life insurance products.

❖ **LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT and ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT**

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code.

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. In addition, Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit must not

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

be submitted for those states that utilize the Base Reconciliation Exhibit for their respective assessment premium base. (These states may be identified by referring to the respective assessment premium base formulas.) GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit but **not** for the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit.

Line 06 of Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit – The information called for in the following Blanks instruction should be reported in the Write-in Description column of the write-in table for the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit: “Specify deductions and indicate where such amounts were reported in the Annual Statement.”

- ❖ **LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5**
These tables are to be filed only if the reporting company writes long-term care insurance.
- ❖ **ANALYSIS OF INCREASE IN ANNUITY RESERVES**
Line 06 – All columns must be reported as positive numbers.

Risk-Based Capital - Life

- ❖ **RBC ASSET CONCENTRATION FACTOR**
The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).
- ❖ **RBC RISK-BASED CAPITAL LEVEL OF ACTION**
The valid entries for Line 06 are as follows.
 - 1 (for Company Action Level or Company Action Level–Trend Test, whichever is applicable)
 - 2 (for Regulatory Action Level)
 - 3 (for Authorized Control Level)
 - 4 (for Mandatory Control Level)
 - 0 (for None)
The valid entries for Line 12 are as follows.
 - 1 (for Company Action Level)
 - 2 (for Regulatory Action Level)
 - 3 (for Authorized Control Level)
 - 4 (for Mandatory Control Level)
 - 0 (for None)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (LIFE)

Name of Insurer _____
 Date ____/____/____ FEIN ____ - _____
 NAIC Group # _____ NAIC Company # _____

THIS FORM IS REQUIRED FOR DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS.
 PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE	SEPA
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	_____	_____	_____	_____
4. Other? (Y/N) (If "yes," attach an explanation.)	_____	_____	_____	_____

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

 Phone: _____ - _____ - _____
 Address: _____

D. Software vendor:

 Software version number: _____

E. Have material validation failures been addressed in the explanation file?
 Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name) _____ (version number) _____.

(Signed)

 Type Name and Title _____

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS

Annual Health

- ❖ UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION A (DEVELOPMENT OF PAID CLAIMS)
The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION B (DEVELOPMENT OF INCURRED CLAIMS)
The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION C (INCURRED YEAR CLAIMS AND CLAIMS ADJUSTMENT EXPENSE RATIO)
The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 1311001-1311996, Column 1 (Description) does not apply.
- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Contingencies
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).
- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 – Leases
For Lines 15A02A1-15A02A6, the line captions are as follows.
 - Line 15A02A1 – 2012 (year ending December 31)
 - Line 15A02A2 – 2013 (year ending December 31)
 - Line 15A02A3 – 2014 (year ending December 31)
 - Line 15A02A4 – 2015 (year ending December 31)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Line 15A02A5 – 2016 (year ending December 31)

Line 15A02A6 – Total (year ending December 31)

Note: Line 15A02A6 should be the aggregate total of all future years.

For Lines 15B01C1-15B01C6, the line captions are as follows.

Line 15B01C1 – 2012 (year ending December 31)

Line 15B01C2 – 2013 (year ending December 31)

Line 15B01C3 – 2014 (year ending December 31)

Line 15B01C4 – 2015 (year ending December 31)

Line 15B01C5 – 2016 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

Note: Line 15B01C6 should be the aggregate total of all future years.

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**
For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and *U (for Underwriting).

- ❖ **GENERAL INTERROGATORIES, PART 1 – General**
Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (OTS), Column 15 (FDIC), and Column 16 (SEC) are YES and NO.

Note: The Enhancing Financial Institution Safety and Soundness Act of 2010 abolished the Office of Thrift Supervision (OTS). For 2011 annual filings, the response for Column 14 (OTS) should be NO.

- ❖ **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (State Page)**
A filing for each jurisdiction in which the reporting company has written direct business or has direct amounts paid, incurred, or unpaid for provisions of health care services must be submitted for the Exhibit of Premiums, Enrollment and Utilization. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums, Enrollment and Utilization.

- ❖ **SCHEDULE S, PART 1, SECTION 2 through SCHEDULE S, PART 4**
Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- ❖ SCHEDULE S, PART 2
Lines 1 through 7 and 15 through 17 should be used by Health companies that are filing the Life Supplement.
- ❖ SCHEDULE S, PART 4
Lines 8 through 15 and 23 through 25 apply to Health companies.
- ❖ SCHEDULE T
The valid responses for Column 1 (Active Status) are as follows.
 - L (for Licensed or Chartered)
 - R (for Registered)
 - E (for Eligible)
 - Q (for Qualified)
 - N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.
- ❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
(See page 12 of this directive.)
- ❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES
These tables are to be filed only if the reporting company writes medicare supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.
Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) of Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

The information called for in the Medicare Supplement Insurance Experience Exhibit Interrogatories should be reported only once for each applicable state code.
- ❖ MEDICARE PART D COVERAGE SUPPLEMENT
This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.
- ❖ SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 3
Valid responses for the State Code column are the two-letter state abbreviations (STABBRs), **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- ❖ LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5

These tables are to be filed only if the reporting company writes long-term care insurance.

Health Life Supplements

- ❖ SCHEDULE S, PART 1, SECTION 1 and SCHEDULE S, PART 3, SECTION 1

Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

- ❖ LIFE INSURANCE (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, or has direct losses incurred must be submitted for the Life Insurance tables. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Life Insurance tables.

For each reported state abbreviation and for the Grand Total page, the footnote that appears at the bottom of the state page in the Life Supplements section of the Health Blank must be completed on the electronic filing and in the appropriate PDF – even if the figures to be reported are zeroes – if health business is reported on the following lines of the state page: Lines 24, 24.1, 24.3, 25.1, 25.2, 25.3, and 25.5.

- ❖ LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT and ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code.

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. In addition, Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit must not be submitted for those states that utilize the Base Reconciliation Exhibit for their respective assessment premium base. (These states may be identified by referring to the respective assessment premium base formulas.) GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit but **not** for the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Line 06 of Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit – The information called for in the following Blanks instruction should be reported in the Write-in Description column of the write-in table for the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit: “Specify deductions and indicate where such amounts were reported in the Annual Statement.”

❖ **ANALYSIS OF INCREASE IN ANNUITY RESERVES**

Line 06 – All columns must be reported as positive numbers.

Health Property Supplements

❖ **SCHEDULE F, PART 1 and SCHEDULE F, PART 3**

Column 1 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ **SCHEDULE F, PART 3**

Column 5 (Reinsurance Contracts Ceding 75% or More of Direct Premiums Written) – With the exception of the types of reinsurance transactions listed in the annual statement instructions for Schedule F, Part 3, a 2 should be entered in this column. For the aforementioned exceptions, this column should be left blank.

❖ **EXHIBIT OF PREMIUMS AND LOSSES (State Page)**

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, has direct losses incurred, or has direct losses unpaid must be submitted for the Exhibit of Premiums and Losses. All companies’ filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums and Losses.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Risk-Based Capital - Health

❖ **RBC ASSET CONCENTRATION FACTOR**

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

❖ **RBC COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL**

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer _____
 Date ____/____/____ FEIN ____ - _____
 NAIC Group # _____ NAIC Company # _____

THIS FORM IS REQUIRED FOR DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS.
 PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	_____	_____	_____
4. Other? (Y/N) (If "yes," attach an explanation.)	_____	_____	_____

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

 Phone: _____ - _____ - _____
 Address: _____

D. Software vendor:

 Software version number: _____

E. Have material validation failures been addressed in the explanation file?
 Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name) _____ (version number) _____.

(Signed)

 Type Name and Title _____

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR FRATERNAL ELECTRONIC FILINGS

Annual Fraternal

- ❖ ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR
Line 06 – All columns must be reported as positive numbers.
- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 1311001-1311996, Column 1 (Description) does not apply.
- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Contingencies
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).
- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 – Leases
For Lines 15A02A1-15A02A6, the line captions are as follows.
 - Line 15A02A1 – 2012 (year ending December 31)
 - Line 15A02A2 – 2013 (year ending December 31)
 - Line 15A02A3 – 2014 (year ending December 31)
 - Line 15A02A4 – 2015 (year ending December 31)
 - Line 15A02A5 – 2016 (year ending December 31)
 - Line 15A02A6 – Total (year ending December 31)**Note:** Line 15A02A6 should be the aggregate total of all future years.

For Lines 15B01C1-15B01C6, the line captions are as follows.
 - Line 15B01C1 – 2012 (year ending December 31)
 - Line 15B01C2 – 2013 (year ending December 31)
 - Line 15B01C3 – 2014 (year ending December 31)
 - Line 15B01C4 – 2015 (year ending December 31)
 - Line 15B01C5 – 2016 (year ending December 31)
 - Line 15B01C6 – Total (year ending December 31)**Note:** Line 15B01C6 should be the aggregate total of all future years.
- ❖ NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and *U (for Underwriting).

❖ **GENERAL INTERROGATORIES, PART 1 – General**

Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (OTS), Column 15 (FDIC), and Column 16 (SEC) are YES and NO.

Note: The Enhancing Financial Institution Safety and Soundness Act of 2010 abolished the Office of Thrift Supervision (OTS). For 2011 annual filings, the response for Column 14 (OTS) should be NO.

❖ **LIFE INSURANCE (State Page)**

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, or has direct losses incurred must be submitted for the Life Insurance tables. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Life Insurance tables.

❖ **SCHEDULE S, PART 1, SECTION 1 through SCHEDULE S, PART 4**

Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

❖ **SCHEDULE T**

The valid responses for Column 1 (Active Status) are as follows.

- L (for Licensed or Chartered)
- R (for Registered)
- E (for Eligible)
- Q (for Qualified)
- N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ **SCHEDULE T (Footnote)**

Line 0000001 – The explanation of the basis of allocation by states, etc., of premiums and annuity considerations should be entered on this line.

Line 0000002 – The balancing schedule used for Schedule T, Column 4 (Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees) should be reported on this line.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

- ❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
(See page 12 of this directive.)

- ❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES
These tables are to be filed only if the reporting company writes medicare supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.
Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) of Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

The information called for in the Medicare Supplement Insurance Experience Exhibit Interrogatories should be reported only once for each applicable state code.

- ❖ MEDICARE PART D COVERAGE SUPPLEMENT
This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

- ❖ TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS
These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

- ❖ SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 3
Valid responses for the State Code column are the two-letter state abbreviations (STABBRs), **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

- ❖ FRATERNAL INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT – ANALYSIS OF OPERATIONS BY LINES OF BUSINESS and FRATERNAL INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT – ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR
These tables are to be filed only if the reporting company writes interest-sensitive life insurance products.

- ❖ LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5
These tables are to be filed only if the reporting company writes long-term care insurance.

- ❖ ANALYSIS OF INCREASE IN ANNUITY RESERVES
Line 06 – All columns must be reported as positive numbers.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

Risk-Based Capital – Fraternal

❖ **RBC ASSET CONCENTRATION FACTOR**

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

❖ **RBC RISK-BASED CAPITAL LEVEL OF ACTION**

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level or Company Action Level–Trend Test, whichever is applicable)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

The valid entries for Line 12 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (FRATERNAL)

Name of Insurer _____
 Date ____/____/____ FEIN ____ - _____
 NAIC Group # _____ NAIC Company # _____

THIS FORM IS REQUIRED FOR DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS.
 PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE	SEPA
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	_____	_____	_____	_____
4. Other? (Y/N) (If "yes," attach an explanation.)	_____	_____	_____	_____

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

 Phone: _____ - _____ - _____
 Address: _____

D. Software vendor:

 Software version number: _____

E. Have material validation failures been addressed in the explanation file?
 Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name) _____ (version number) _____.

(Signed)

 Type Name and Title _____

NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings

SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS

Annual Title

- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 1311001-1311996, Column 1 (Description) does not apply.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Contingencies
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 – Leases
For Lines 15A02A1-15A02A6, the line captions are as follows.
 - Line 15A02A1 – 2012 (year ending December 31)
 - Line 15A02A2 – 2013 (year ending December 31)
 - Line 15A02A3 – 2014 (year ending December 31)
 - Line 15A02A4 – 2015 (year ending December 31)
 - Line 15A02A5 – 2016 (year ending December 31)
 - Line 15A02A6 – Total (year ending December 31)**Note:** Line 15A02A6 should be the aggregate total of all future years.

For Lines 15B01C1-15B01C6, the line captions are as follows.
 - Line 15B01C1 – 2012 (year ending December 31)
 - Line 15B01C2 – 2013 (year ending December 31)
 - Line 15B01C3 – 2014 (year ending December 31)
 - Line 15B01C4 – 2015 (year ending December 31)
 - Line 15B01C5 – 2016 (year ending December 31)
 - Line 15B01C6 – Total (year ending December 31)**Note:** Line 15B01C6 should be the aggregate total of all future years.

- ❖ GENERAL INTERROGATORIES, PART 1 – General
Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (OTS), Column 15 (FDIC), and Column 16 (SEC) are YES and NO.

Note: The Enhancing Financial Institution Safety and Soundness Act of 2010 abolished the Office of Thrift Supervision (OTS). For 2011 annual filings, the response for Column 14 (OTS) should be NO.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

❖ SCHEDULE F, PART 1 through SCHEDULE F, PART 3

Column 1 (Federal ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. The Federal ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the two-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

- L (for Licensed or Chartered)
- R (for Registered)
- E (for Eligible)
- Q (for Qualified)
- N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 12 of this directive.)

❖ SAOEASCOPE – STATEMENT OF ACTUARIAL OPINION, EXHIBIT A, SCOPE and
SAOEBDISCLOS – STATEMENT OF ACTUARIAL OPINION, EXHIBIT B, DISCLOSURES

The Statement of Actuarial Opinion Exhibit tables in the electronic data file must not be automatically populated by a software vendor. The data called for in the tables must be manually entered in the electronic data file by the reporting entity and must match the data reported in the corresponding tables in the reporting entity's Statement of Actuarial Opinion PDF file.

If a reporting entity is not required to submit a Statement of Actuarial Opinion PDF file to the NAIC by the March 1 filing deadline, the Statement of Actuarial Opinion Exhibit tables must be blank in the reporting entity's March electronic data file.

**NAIC General Electronic Filing Submission Directive – Data Year 2011
Annual Filings**

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (TITLE)

Name of Insurer _____
 Date ____/____/____ FEIN ____ - _____
 NAIC Group # _____ NAIC Company # _____

THIS FORM IS REQUIRED FOR DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

A.	MARCH	APRIL	JUNE
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	_____	_____	_____
4. Other? (Y/N) (If "yes," attach an explanation.)	_____	_____	_____

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

 Phone: _____ - _____ - _____
 Address: _____

D. Software vendor:

 Software version number: _____

E. Have material validation failures been addressed in the explanation file?
 Yes _____ No _____

The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name) _____ (version number) _____.

(Signed)

 Type Name and Title _____