

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: STATE OF NEW JERSEY **Filings Made During the Year 2009**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
1		Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	Must be bound
1.1		Printed Investment Schedule detail (Pages E01-E25)	3	EO	Xxx	3/1	NAIC	
2		Quarterly Financial Statement (8 1/2" x 14")	2	EO	Xxx	5/15, 8/15, 11/15	NAIC	
3		Separate Accounts Annual Statement (8 1/2"x14")	3	EO	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
10		Accident & Health Policy Experience Exhibit	3	EO	xxx	4/1	NAIC	
11		Actuarial Certification Related Annuity Nonforfeiture Compliance	2		xxx	3/1	Company	
12		Actuarial Opinion on X-Factors	2		xxx	3/1	Company	
13		Actuarial Opinion on Separate Account Funding	2		xxx	3/1	Company	
14		Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2		xxx	3/1	Company	
15		Credit Insurance Experience Exhibit	3	EO	xxx	4/1	NAIC	
16		Interest Sensitive Life Insurance Products Report	3	EO	xxx	4/1	NAIC	
17		Investment Risk Interrogatories	3	EO	xxx	4/1	NAIC	
18		Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	3	EO	xxx	4/1	NAIC	
19		Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	3	EO	xxx	4/1	NAIC	
20		Long Term Care Experience Reporting Forms	3	EO	xxx	4/1	NAIC	
21		Management Discussion & Analysis	2	EO	xxx	4/1	Company	
22		Medicare Supplement Insurance Experience Exhibit	3	EO	xxx	3/1	NAIC	
23		Medicare Part D Coverage Supplement	3	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
24		Reasonableness of Assumptions Certification	3	EO	xxx	5/15, 8/15, 11/15	Company	
25		Reasonableness & Consistency of Assumptions Cert.	3	EO	xxx	5/15, 8/15, 11/15	Company	
26		Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	3	EO	xxx	5/15, 8/15, 11/15	Company	
27		Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	3	EO	xxx	5/15, 8/15, 11/15	Company	
28		Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	3	EO	xxx	5/15, 8/15, 11/15	Company	
29		Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
30		RBC Certification required under C-3 Phase 1	1		xxx	3/1	Company	
31		RBC Certification required under C-3 Phase 11	1		xxx	3/1	Company	
32		Schedule SIS	3	N/A	N/A	3/1	NAIC	
33		Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	NJAC11:1-21A
34		Statement on non-guaranteed elements - Exhibit 5 Int. #3	3	EO	xxx	3/1	Company	
35		Statement on par/non-par policies - Exhibit 5 Int. 1.1	3	EO	xxx	3/1	Company	
36		Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
37		Supplemental Schedule O	3	EO	xxx	3/1	NAIC	
38		Trusted Surplus Statement	3	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
39		Workers' Compensation Carve Out Supplement	3	EO	xxx	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
40		Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
41		March .PDF Filing	xxx	1	xxx	3/1	NAIC	
42		Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
43		Risk Based Capital PDF Filing	xxx	1	N/A	3/1		
44		Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
45		Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
46		Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
47		Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
48		Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
49		Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
50		June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
61		Accountants Letter of Qualifications	1	N/A	N/A		Company	If Applicable
62		Audited Financial Statements	1	1	1	6/1	Company	
63		Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	If Applicable
64		Independent CPA	1	N/A	N/A		Company	If Applicable
65		Notification of Adverse Financial Condition	1	N/A	N/A		Company	If Applicable
66		Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	If Applicable
67		Request for Exemption to File	1	N/A	N/A	12/31/08	Company	Must be Written
		V. STATE REQUIRED FILINGS						
101		Certificate of Compliance	0	0	1	3/1	State	Retaliatory Only
102		Certificate of Deposit	0	0	1	3/1	State	Retaliatory Only
103		Certificate of Valuation	0	0	1	3/1	State	Retaliatory Only
104		Filings Checklist (with Column 1 completed)	1	1	1	3/1	State	
105		Premium tax	1	0	1		State	Form sent by Taxation
106		State Filing Fees	1	0	1	3/1	State	See fee letter
107		Signed Jurat	xxx	xxx	1	3/1	NAIC	See Note L
108		Certificate of Advertising	3	0	1	3/1	Company	NJAC11:2-23.8f

	109	NJ Medicare Supplement Under 50 Plan	1	0	1	3/1	State	See Note O
	110	NJ Small Employer and Individual Health Benefits Programs	1	0	1	3/1	State	See Note P
	111	Participating & Nonparticipating exhibits for capital & surplus & gain and loss exhibits	3	0	0	3/1	State	NJSA 17B:21-1(d) see note Q
	112	Annual Form B & Form C Filing	1	0	0	4/1	State	NJSA 27A3(a)

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Joann Jones Telephone (609) 292-5350 ext 50085 admissions&selfinsurance@dobi.state.nj.us
	B	Mailing Address: Regular and Express Mail delivered by the United States Postal Service	Office of Solvency Regulation P. O. Box 325 Trenton, NJ 08625-0325
	B-1	Address for delivery by Courier Services (UPS, FEDEX, DHL)	20 West State Street 10 th Floor Trenton, NJ 08608
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept. of Treasury, (609) 984-4128 or visit the Dept. of Treasury's website: www.state.nj.us/treasury/taxation/prntins.htm to download Tax forms.	New Jersey Division of Taxation P. O. Box 247 Trenton, NJ 08646-0247
	D-1	Address for delivery of Tax Forms by Courier Services (UPS, FEDEX, DHL)	160 South Broad Street Trenton, NJ 08646
	E	Delivery Instructions:	All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	Companies will be fined \$100 per day for a late filing.
	G	Original Signatures:	Original signatures required from domestic companies. Foreign companies should follow the instructions from the NAIC.
	H	Signature/Notarization/Certification:	President and Secretary, or in their absence, two principal officers must sign the annual statement.
	I	Amended Filings:	Amended items must be filed within 10 days of the amendment, along with an explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment.
	J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date.
	K	Bar Codes (State or NAIC)	Not Required
	L	Signed Jurat	All foreign companies must file a copy of the jurat page of its annual statement to allow New Jersey to update its database.
	M	NONE Filings:	See NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	Commencing January 1, 2007 all filings must be received by their due date.
	O	NJ Medicare Supplement Under 50 Plan See Right for mail address	N J Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 704 Wethersfield, CT 06109
	P	New Jersey Small Employer and Individual Health Benefits Program - Contact Ellen DeRosa (609) 633-1882 ext 50302 with questions	Exhibits CC and K are required of all carriers that report accident and health

			premiums in NJ.
	Q	Separate participating and nonparticipating exhibits for the capital and surplus account (pg 4 of annual statement) and the gain and loss exhibit (pg 6 of annual statement)	Any questions contact Nancy Hritz, Chief, Valuation and Statement Bureau (609) 292-5427 ext 50319

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

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

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.