

# FRATERNAL SOCIETIES

COMPANY NAME \_\_\_\_\_

NAIC COMPANY CODE \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: WISCONSIN

Filings Made During the Year 2019

**BEGINNING WITH FIRST QUARTER 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT.**

(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 ½"x14")	2	EO	XXX	3/1	NAIC	A-J, N
	1.1	Printed Investment Schedule detail (pages E01-E27)	2	EO	XXX	3/1	NAIC	N
	2	Quarterly Financial Statement (8 ½" x 14")	FILE ON LIFE BLANK					
	3	Separate Accounts Annual Statement (8 ½"x 14")	2	EO	XXX	3/1	NAIC	L, N
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	J
	12	Analysis of Annuity Operations by Lines of Business	1	EO	XXX	4/1	NAIC	J
	13	Analysis of Increase in Annuity Reserves During Year	1	EO	XXX	4/1	NAIC	J
	14	Interest Sensitive Life Insurance Products Report	1	EO	XXX	4/1	NAIC	J
	15	Long Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	J
	16	Management Discussion & Analysis	2	EO	XXX	4/1	Company	J
	17	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	J
	18	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	J
	19	Risk-Based Capital Report	0	EO	0	3/1	NAIC	AC
	20	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	21	Supplemental Health Care Exhibit (Parts 1, 2, and 3)	1	EO	XXX	4/1 if applicable	NAIC	J
	22	Supplemental Health Care Exhibit's Allocation Report	1	EO	XXX	4/1 if applicable	NAIC	J
	23	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	J
	24	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	1	EO	XXX	4/1	NAIC	J
	25	Trusted Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	J
	26	Variable Annuities Supplement	1	EO	XXX	4/1	NAIC	J
	27	VM 20 Reserves Supplement	1	EO	XXX	3/1	NAIC	J
Actuarial Related Items								
	28	Actuarial Certification Regarding use of 2001 Preferred Class Table	1	EO	XXX	3/1	Company	X
	29	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	1	EO	XXX	3/1	Company	Q
	30	Actuarial Certifications Related to Hedging Required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	W
	31	Actuarial Certification Related to Reserves Required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	W
	32	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies Required by Actuarial Guideline XXXVIII 8D	1	N/A	XXX	4/30	Company	AA, AC
	33	Statement of Actuarial Opinion	2	EO	XXX	3/1	Company	
	34	Executive Summary of the PBR Actuarial Report (if VM early adopted)	1	N/A	XXX	4/1	Company	K
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	1	EO	XXX	3/1	Company	S, AC

(Continued on Page 2)

## FRATERNAL SOCIETIES (continued)

(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			
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	XXX	3/1	Company	T
	37	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	R
	38	Actuarial Opinion Required by Modified Guaranteed Annuity Model Regulation	XXX	EO	XXX	3/1	Company	
	39	Financial Officer Certification Related to Clearly Defined Hedging Strategy Required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	W
	40	Life PBR Exemption	1	EO	XXX	Commissioner 7/1; NAIC 8/15	Company	AE
	41	Management Certification that the Valuation Reflects Management's Intent Required by Actuarial Guideline XLIII	1	EO	XXX	3/1	Company	W
	42	RAAIS required by Valuation Manual	1	N/A	XXX	4/1	Company	P, AC
	43	Reasonableness and Consistency of Assumptions Cert. – Actuarial Guideline XXXV	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	Q
	44	Reasonableness of Assumption Cert. – Actuarial Guideline XXXV	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	Q
	45	Reasonableness and Consistency of Assumptions Cert. (updated average market value) – Actuarial Guideline XXXVI	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	Q
	46	Reasonableness and Consistency of Assumptions Cert. (updated market value) – Actuarial Guideline XXXVI	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	Q
	47	Reasonableness of Assumption Cert. for Implied Guaranteed Rate Method. – Actuarial Guideline XXXVI	1	EO	XXX	3/1, 5/15, 8/15, 11/15	Company	Q
	48	Risk-Based Capital Certification required under C-3 Phase I	1	N/A	XXX	3/1	Company	U
	49	Risk-Based Capital Certification required under C-3 Phase II	1	N/A	XXX	3/1	Company	V
	50	Statement on non-guaranteed elements – Exhibit 5 Interrogatory #3	1	EO	XXX	3/1	Company	
	51	Statement on Participating/Nonparticipating Policies - Exhibit 5 Interrogatory #1 and #2	1	EO	XXX	3/1	Company	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	61	Annual Statement Electronic Filing	0	EO	0	3/1	NAIC	
	62	March .PDF Filing	0	EO	0	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	0	EO	0	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	0	EO	0	3/1	NAIC	
	65	Separate Accounts Electronic Filing	0	EO	0	3/1	NAIC	
	66	Separate Accounts .PDF Filing	0	EO	0	3/1	NAIC	
	67	Supplemental Electronic Filing	0	EO	0	4/1	NAIC	
	68	Supplemental .PDF Filing	0	EO	0	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	FILE ON LIFE BLANK					
	70	Quarterly .PDF Filing	FILE ON LIFE BLANK					
	71	June .PDF Filing	0	EO	0	6/1	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Statements	2	EO	XXX	6/1	Company	
	83	Audited Financial Statements Exemption Affidavit (page 20 of packet)	2	N/A	N/A	6/1 if applicable	State	
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	

(Continued on Page 3)

## FRATERNAL SOCIETIES (continued)

(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			
	85	Independent CPA (changes in)	2	N/A	N/A	As needed	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	Y, AC
	87	Notification of Adverse Financial Condition	2	N/A	1	As needed	Company	
	88	Relief from the Five-Year Rotation Requirement for Lead Audit Partner	1	EO	N/A	As needed	Company	
	89	Relief from the One-Year Cooling Off Period for Independent CPA	1	EO	N/A	As needed	Company	
	90	Relief from the Requirements for Audit Committee	1	EO	N/A	As needed	Company	
	91	Exemption to File (page 20 of packet)	1	N/A	N/A	6/1 if applicable	State	
	92	CPA Audit Checklist (pages 21-22 of packet)	2	N/A	N/A	6/1	State	

### V. STATE REQUIRED FILINGS

	101	Certificate of Valuation	N/A	N/A	N/A	None	Company	
	102	Filings Checklist	1	N/A	N/A	3/1	State	
	103	Holding Company Registration Statement-Forms B&C	1	N/A	N/A	6/1	Company	M
	104	Form F - Enterprise Risk Report***	1	N/A	N/A***	6/1	Company	AB, AC
	105	ORSA Own Risk and Solvency Assessment****	1	N/A	N/A	See Note AD	Company	AC, AD
	106	Schedule of Taxes and Fees	1	N/A	1	3/1	State	C, D
	108	Signed Jurat	2	N/A	0	3/1, 5/15, 8/15, 11/15	Company	B, D, L, N
	112	Compulsory and Security Surplus Calculation (electronic)	EO	N/A	EO	3/1, 5/15, 8/15, 11/15	State	L, Page 10
	113	Report of Executive Compensation	2	N/A	N/A	3/1	State	Page 12
	114	Fraternal Expenditures, Activities, and Programs	1	N/A	N/A	6/1	State	Page 14
	115	Certificate of Compliance	N/A	N/A	N/A	None	Company	
	116	Certificate of Deposit	N/A	N/A	N/A	None	Company	

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

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

\*\*\* For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC Web page: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

\*\*\*\* For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)

**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 be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**—Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**—Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**—Name of item or form to be filed.

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

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

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

The **Risk-Based Capital .PDF Filing** is the .pdf file for risk-based capital data.

The **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 supplementals 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 and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**—Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The XXX in this column signifies that Wisconsin has waived the paper filing for this item.

**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 (generally on its web site). 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.

**NOTES AND INSTRUCTIONS  
(A-M APPLY TO ALL FILINGS)**

A	Required Filings Contact:	ocifinancial@wisconsin.gov
B	Mailing Address for all Filings Except Fee and Tax Payments:	<p><u>For US Mail:</u> Office of Commissioner of Insurance P O Box 7873 Madison WI 53707</p> <p>The Office of the Commissioner of Insurance will be moving. For filings made April 1 or after, please refer to the OCI website, oci.wi.gov, for the correct street address.</p> <p><u>Street Address (FedEx, UPS, etc.)</u> Office of Commissioner of Insurance 125 S Webster St Madison WI 53703-3474</p>
C	Filing Fees Payment:	Please refer to oci.wi.gov/Pages/Companies/PremiumTax.aspx for remittance of taxes and fees.
D	Mailing Address for Schedule of Fees Form (page 14) of Packet:	The Fraternal Schedule of Fees form (page 11 of packet) should be sent to the mailing address in Note B.
E	Delivery Instructions:	<p>All filings should be physically received at address in Note B <u>on or before the due date</u>.</p> <p>If the due date falls on a weekend or holiday, the deadline is extended to the next business day.</p> <p>Please refer to oci.wi.gov/Pages/Companies/PremiumTax.aspx for remittance of taxes and fees.</p>
F	Signatures:	Wisconsin-domiciled insurers are required to have the notarized signatures of the President, Treasurer, and Secretary, or the three highest principal officers if otherwise titled, except if the Treasurer does not have charge of the accounts of the insurer, enter the signature and title of the individual that does. If appropriate corporate officers are incapacitated or otherwise not available due to personal emergency, vice presidents or assistant officers may sign the statement. The jurat page must be signed by three separate persons. The officers holding the positions on the date of signing are the appropriate signers if there were changes in office holders since the statement "as of" date.
G	Amended Filings:	Insurers are required to notify OCI prior to filing amendments. Immaterial errors are to be corrected in the period discovered as adjustments to unassigned funds. Wisconsin-domiciled insurers should promptly alert OCI to any material errors found to previously filed statements and amended annual or quarterly statements should be filed if so directed in writing by OCI.
H	Exceptions from normal filings:	Any request for exemptions or extensions to filing requirements must be made <u>in advance in writing</u> . Approvals will be granted in writing.
I	Bar Codes (State or NAIC):	<u>All NAIC forms</u> should contain bar codes as instructed by the NAIC Annual Statement Instructions. Wisconsin specific forms do not require bar codes.

J	NONE Filings:	See NAIC Annual Statement Instructions. Blank schedules will not be considered filed. If no entries are to be made, write "None" across the schedule in question or complete appropriate interrogatory of the "Supplemental Exhibits and Schedules Interrogatories" page of the annual statement blank.
K	Filings New, Discontinued, or Modified Materially Since Last Year:	<ul style="list-style-type: none"> <li>A new form #34 Executive Summary of the PBR Actuarial Report (if VM early adopted) was added. See NAIC Annual Statement Instructions.</li> <li>Licensed nondomestic insurers are no longer required to file a signed jurat with this office.</li> </ul>
L	Quarterly Filings:	<p>All domestic insurers are required to file two hard copies of the quarterly financial statements. One copy must have notarized signatures. One copy can be a photocopy of the original. The quarterly compulsory and security surplus calculation are filed electronically by domestic and nondomestic insurers, page 10 of the packet.</p> <p>All licensed nondomestic insurers are required to electronically file the quarterly compulsory and security surplus calculation form. A signed jurat is no longer required to be filed with this office. Quarterly hard copies, including supplemental filings, are not required.</p>
M	Holding Company Filings:	Only applies to Wisconsin-domiciled insurers which are a member of an insurance holding company system. See Chapter Ins 40, Wis. Adm. Code.
N	Size and Format of Statement:	<p>Domestics — 2 hard copies of annual statement</p> <p>9 X 14 or 8 1/2 X 14 size annual statement and quarterly statement only. <b>Annual and Quarterly Statements need to be bound.</b> Statements paper clipped or rubber banded will not be accepted as being filed.</p> <p>If the Investment Schedule detail (pages E01 to E25, #1.1 on checklist) is bound in the annual statement, no additional copy is required.</p>
O	Combined Annual Statement:	Required upon request only.
P	Regulatory Asset Adequacy Issues Summary:	Pursuant to s. Ins 50.79 (1) (e) and (3), Wis. Adm. Code, all Wisconsin-domiciled Life insurers and Fraternal Benefit Societies are required to file a Regulatory Asset Adequacy Issues Summary (RAAIS) by April 1. (There is no exemption based on size.) To help ensure that this information is kept confidential, please submit the RAAIS in a separate envelope that clearly indicates what is enclosed and marked confidential. (See OCI Bulletin of November 17, 2005; however, the requirement is limited to Wisconsin-domiciled insurers.)
Q	Supplemental Actuarial Certifications:	Actuarial Certifications under Actuarial Guidelines XXXV and XXXVI are only relevant to insurers with Equity Indexed Annuities or Equity Indexed Life Insurance policies in force.
R	X-Factor Certification:	Wisconsin-domestic insurers that are required to submit an actuarial opinion on X-Factors per Appendix A-830 of the Accounting Practices and Procedures Manual shall file such document with OCI and electronically with the NAIC no later than March 1. The actuarial opinion should be filed in the same manner as the annual statement opinion.



S	Separate Accounts Funding Guaranteed Minimum Benefit:	A Wisconsin-domestic insurance company that maintains any separate accounts subject to Appendix A-200 of the Accounting Practices and Procedures Manual shall submit an actuarial opinion rendered by the valuation actuary with OCI and electronically with the NAIC annually by March 1 showing the status of the accounts as of the preceding December 31. The actuarial opinion shall be supported by a confidential actuarial memorandum prepared by the valuation actuary rendering the opinion and submitted to the commissioner. The valuation actuary may be either the appointed actuary of the company or a qualified actuary designated by the appointed actuary to be the valuation actuary.
T	Synthetic G.I.C. Actuarial Opinion:	A Wisconsin-domestic insurer that issues a synthetic guaranteed investment contract subject to Appendix A-695 of the Accounting Practices and Procedures Manual shall submit an actuarial opinion with OCI and electronically with the NAIC and, upon request, a memorandum to the commissioner annually by March 1 following the December 31 valuation date showing the status of the accounts as of the prior December 31.
U	RBC Certification Under C3 Phase I:	<p>Instructions for C-3 RBC Certifications state: "The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary."</p> <p>This certification should be submitted with OCI and electronically with the NAIC not later than March 1.</p>
V	RBC Certification Under C3 Phase II:	<p>Instructions for C-3 RBC Certifications state: "The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary."</p> <p>Appendix 11 of the AAA June 2005 C3/P2 Report includes a "General Description" of what is required in the certification.</p> <p>This certification should be submitted with OCI and electronically with the NAIC not later than March 1.</p>
W	Certifications Pursuant to Actuarial Guideline XLIII:	Actuarial Guideline XLIII (AG 43) contains the valuation requirements for variable annuities and products with similar guaranteed benefits. Wisconsin domestic insurers that issue products subject to AG 43 should refer to the guideline for instructions on the required certifications. Most of the requirements are in Appendices 7 and 8 of AG 43.
X	Actuarial Certification Regarding 2001 Preferred Class Table:	Required for all Wisconsin-domiciled entities that use the 2001 Preferred Class Tables permitted by Model Regulation #815.
Y	Management's Report of Internal Control Over Financial Reporting:	This provision is applicable to Wisconsin-domiciled insurers with \$500,000,000 or more of gross written premiums. Refer to s. Ins 50.17, Wis. Adm. Code, for the requirements regarding this confidential report.

Z	Supplemental Health Care Exhibit:	The definition of “small employer” as defined in s. 635.02, Wis. Stat., should be used for completing the Supplemental Health Care Exhibit. “Small employer” is defined as an employer that employed an average of at least 2 but not more than 50 employees on business days during the year if the employer was not in existence during the preceding calendar year, and that employs at least 2 employees on the first day of the plan year.
AA	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies Required by Actuarial Guideline XXXVIII:	Pursuant to par. 8D of Actuarial Guideline XXXVIII, companies with material reserves for specified universal life products with secondary guarantees should submit the memorandum by April 30 in an envelope marked as confidential.
AB	Form F - Enterprise Risk Report:	Pursuant to s. Ins 40.03 (9), Wis. Adm. Code, Wisconsin-domiciled insurers belonging to a holding company system where Wisconsin is the lead state of the holding company system shall file a Form F - Enterprise Risk Report by June 1, annually.
AC	Confidential Filings:	<p>Unless identified by statute or rule as being confidential, filings are considered public information. The following filings are held confidential:</p> <p>#19, 63, 64 Risk-Based Capital Report  #32 Actuarial Memorandum Related to Universal Life with Secondary Guarantees  #34 Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit  #41 RAAIS Regulatory Asset Adequacy Issues Summary  #86 Management's Report Over Internal Control  #107 Form F - Enterprise Risk Report  #108 ORSA Own Risk Summary Analysis Report</p> <p>Other filings are considered public. If you believe a filing contains proprietary and confidential information, please contact OCI and identify the information claimed to be proprietary and the basis for your claim of confidentiality. The assertion of a claim of confidentiality does not guarantee that the information will be found to be exempt from disclosure.</p>
AD	ORSA Report:	Under ch. 622, Wis. Stat., an insurer domiciled in Wisconsin with annual direct and assumed premium of \$500 million or more, or the insurance holding company system of which the Wisconsin-domiciled insurer is a member with direct and assumed premium of \$1 billion, shall file an ORSA report with Wisconsin by December 31. See ch. 622, Wis. Stat., for additional information.
AE	Life PBR Exemption:	Life PBR Exemption (fka "Companywide Exemption")—Pursuant to paragraph II.D. of the NAIC Valuation Manual, a domestic insurer meeting certain conditions may file a statement of exemption for the current calendar year with the Commissioner prior to July 1 of that year. Please address the statement to the attention of Jerry DeArmond. (The Commissioner may reject such statement prior to September 1.) A copy of the statement of exemption must also be included with the NAIC financial filing for the second quarter due by August 15. The filing must be made each year the insurer intends to continue the exemption, as long as it continues to meet the required conditions. Exception: During the 3-year transition period ending December 31, 2019, companies need not submit the statement of exemption.



## 2018 ANNUAL STATEMENT INSTRUCTIONS

Each licensed insurer shall file its annual financial statement on the NAIC Annual Statement blank appropriate for the lines of business it is licensed to write: Fire and Casualty, Life and Accident and Health, Fraternal Orders, Title Insurance, Health Insurance (including Health Maintenance Organization, Hospital, Medical, and Dental Service or Indemnity Corporations, Limited Health Service Organizations). Each company shall comply with the applicable NAIC Annual Statement Instructions, and shall comply with accounting practices prescribed or permitted by the NAIC Accounting Practices and Procedures Manual, unless otherwise required or permitted by the Wisconsin Statutes and Administrative Code, or as ordered or instructed by the Commissioner. NAIC Annual Statement Instructions are available from the NAIC at [prodserv@naic.org](mailto:prodserv@naic.org), phone (816) 783-8300. Foreign companies are no longer required to file hard copies of their annual statements, supplements and audited financial statements, or quarterly statements unless requested to do so. State-required filings are indicated in the checklist.

PURSUANT TO s. Ins 50.25, Wis. Adm. Code, all Fire and Casualty, Life, Accident and Health, Fraternal, Health Maintenance Organizations, Hospital, Medical and Dental Service or Indemnity (HMDI), and Limited Health Service Organizations (LHSO) insurers will be required to file their 2018 financial statement information electronically with the NAIC on or before March 1, 2019. All quarterly statements should also be filed electronically with the NAIC within 45 days of the end of each quarter. Failure to file will result in forfeiture.

**Please refer to [oci.wi.gov/Pages/Companies/PremiumTax.aspx](http://oci.wi.gov/Pages/Companies/PremiumTax.aspx) for remittance of taxes and fees.** Payments for taxes and fees should be made to the Milwaukee lockbox or through online payment. Do not send checks to the Madison address. All other filings should be submitted to the Office of the Commissioner of Insurance in Madison, Wisconsin. Failure to comply may result in forfeiture pursuant to s. 601.64, Wis. Stat.

### DISCOUNTING OF LOSS RESERVES

Wisconsin insurers shall not discount loss reserves except in those instances where discounting of reserves or tabular reserves are specifically prescribed or permitted by Wisconsin Statutes, the Wisconsin Administrative Code, or specifically authorized by the Commissioner.

### RISK-BASED CAPITAL (RBC)

Wisconsin-domiciled life, health, fraternal benefit societies, and property and casualty insurers (other than monoline Financial Guaranty and Mortgage Guaranty insurers) are required to file the RBC report with the NAIC unless exempted in writing by the Commissioner. The reports are due at the NAIC annually by March 1. RBC instructions can be obtained from the NAIC, (816) 783-8300, [prodserv@naic.org](mailto:prodserv@naic.org).

The annual statement five-year historical data section discloses RBC items. These items must be completed by Wisconsin-domiciled life, health, fraternal, and property and casualty insurers unless exempted in writing by the Commissioner.

### CREDIT FOR REINSURANCE—CHAPTERS INS 52 and 55, WIS. ADM. CODE

Chapter Ins 52, Wis. Adm. Code, applies to reinsurance ceded under agreements entered into, or renewed, on or after August 1, 1993. In addition, in order that credit may be taken for reinsurance, each reinsurance contract must constitute an undertaking by the reinsurer to indemnify the ceding insurer, not only in form but in fact, against loss or liability by reason of the original insurance. Any life reinsurance contract which meets one or more of the terms of s. Ins 55.02, Wis. Adm. Code, would not result in a valid exchange of risk, and the ceding company may not take credit for such reinsurance without the specific approval of this office. All insurers are reminded that any reinsurance not in the normal and usual course of business shall be reported to this office not less than 30 days in advance of the proposed effective date, pursuant to ss. 611.78 and 618.32, Wis. Stat., and is subject to disapproval.

If you have any questions, please contact [ocifinancial@wisconsin.gov](mailto:ocifinancial@wisconsin.gov).

Enclosure

**FRATERNAL  
COMPULSORY AND SECURITY  
SURPLUS CALCULATION**

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**Ref:** Section Ins 51.80, Wis. Adm. Code,  
and s. 601.42, Wis. Stat.\*

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Fraternal are required to file the compulsory and security surplus calculations electronically over the Internet. **It will no longer be necessary to file a hard copy, however, it is recommended that the company retain a hard copy for its records.** The form address is as follows:

Fraternal Compulsory & Security Surplus Calculation Form OCI 22-331

[https://ociaccess.oci.wi.gov/FillableForms/jsp/22\\_331\\_intro.oci](https://ociaccess.oci.wi.gov/FillableForms/jsp/22_331_intro.oci)

**Copy and paste or type the above address in your browser's location bar.**

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.

**FRATERNAL  
SCHEDULE OF FEES**

**Ref:** Sections 76.66 and 601.31, Wis. Stat.

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**INSTRUCTIONS:** Have officer sign and date form and forward with annual statement by **MARCH 1. Please refer to [oci.wi.gov/Pages/Companies/PremiumTax.aspx](http://oci.wi.gov/Pages/Companies/PremiumTax.aspx) for remittance of taxes and fees.**

Insurer Name		NAIC Group Number	NAIC Company Number
State of Domicile	Individual Responsible for Preparing Form	Telephone Number (    )	E-mail

**For Year Ending December 31, \_\_\_\_\_**

	1 State of Domicile Fees	2 Wisconsin Fees	3 Fees Due (Larger of Column 1 or Column 2 Amount)
1. Annual Statement Filing Fee .....		\$100.00	
2. Certificate of Authority Fee .....		\$100.00	
3. Other Fees (Specify Below).....		0	
4. TOTAL FEES PAYABLE .....			

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

<p><b>For Office Use Only</b> Initial As Vouchered: 1. To Allocation Screen _____ 2. To Amount in Letter _____</p>
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**REPORT ON EXECUTIVE COMPENSATION**  
**Domestic Insurers**

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**Ref:** Sections 601.42 and 611.63 (4), Wis. Stat.\*

Insurer Name	For Calendar Year Ending December 31, _____
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**INSTRUCTIONS:**

Each Wisconsin-domiciled insurer shall file a Report on Executive Compensation as a supplement to the insurer's annual statement, to be filed with the annual statement on or before March 1. The Report on Executive Compensation shall disclose the annual compensation of each director and all "C" level executives or their equivalent, for example, the Chief Executive Officer, Chief Financial Officer, Chief Information Officer, etc. In addition, report all members of executive management of the insurer whose compensation exceeds specified amounts. Add additional pages as necessary.

Insurers which are part of a group of insurers or other holding company system may file amounts paid to officers and executive management in Parts 1 and 3 either on a consolidated basis or by allocation to each insurer. The footnote to Part 1 should note which method is being employed.

Compensation reported shall consist of any and all gross direct and indirect remuneration paid and accrued during the report year for the benefit of an individual director, officer, or manager, and shall include wages, stock grants, gains from the exercise of stock options, and all other forms of personal compensation (including employer-paid health, life and any other premiums).

**Part 1 Officer and Executive Management Compensation**

Report on the compensation of all "C" level executives or their equivalent. In addition, report all other members of executive management based on the following schedule:

Insurer's Current Year-end Capital and Surplus*	Report for any officer or executive management whose total annual compensation is in excess of
Less than \$200,000,000	\$150,000
\$200,000,000 to \$400,000,000	\$300,000
More than \$400,000,000	\$400,000

\* If the report completed on a consolidated basis, use the capital and surplus of the largest insurer in the group.

Name	Principal Position	Salary	Bonus	All Other Compensation	Total

Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ ] No [ ]

If yes, does the above amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies which are a part of the group? Yes [ ]; or 2) an allocation to each insurer? Yes [ ]

Insurer Name	For Calendar Year Ending December 31, _____
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## Part 2 Directors Compensation

Report on the compensation of each director or trustee. Amounts disclosed must include compensation paid and accrued for services on boards and committees as well as any other activity or service, such as consulting agreements.

Name	Principal Position	Salary	Bonus	All Other Compensation	Total

## Part 3 Total Compensation

Report the total compensation paid for all directors as a group and the total compensation paid for all officers as a group.

	Salary	Bonus	All Other Compensation	Total
A. Officers				
B. Directors				

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.

**FRATERNAL EXPENDITURES, ACTIVITIES,  
AND PROGRAMS**

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**Ref:** Sections 614.01 (1) (a) 2. (b),  
614.82, and 601.42, Wis. Stat.\*

**INSTRUCTIONS:** Complete the following report of expenditures and other activities and programs of the fraternal or its members in fulfillment of the purposes of s. 614.01 (1) (b) 2, Wis. Stat., in maintaining the association's fraternal character. Provide such information on a national basis, not limited to Wisconsin expenditures. Forward completed report to the above address by **JUNE 1**.

Name of Fraternal	For Year _____
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**I. FRATERNAL ACTIVITIES AND PROGRAMS**

List a narrative description of activities and programs of the lodges and the society. For each activity and program and for the items of fraternal character, show the quantitative measure (for example, total acts, total hours, total events, etc.) which describe the activity or program. If additional space is needed, attach additional sheets.

Narrative Description of Activity or Program	Quantitative Measures
A. Fraternal Activities and Programs	



PART I (Continued)

Name of Fraternal	For Year _____
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Narrative Description of Activity or Program	Quantitative Measures
B. Fraternal Character	

Name of Fraternal	For Year _____
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## II. FRATERNAL EXPENDITURES

Lodge and society expenses which are incurred to fulfill the purposes set forth in s. 614.01 (1) (b) 2, Wis. Stat., should be reported by nature of expense categories (for example, salaries, legal fees and expenses, official publication, etc.). Both direct payments to recipients (for example, scholarships, payments to needy individuals, institutional support) and administrative expenses (for example, rent or occupancy expenses, staff salaries, travel) should be included. Reported expenses are not limited to those included in Exhibit 2 of the annual statement. If additional space is needed, attach additional sheets.

Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
A. Expenses which appear in Exhibit 2, annual statement			

PART II (Continued)

Name of Fraternal	For Year _____
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Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
B. Other Expenses which do not appear in Exhibit 2			

Name of Fraternal _____	For Year _____
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### III. ACTIVITIES AND EXPENDITURES TO MAINTAIN FRATERNAL CHARACTER

Lodge and society expenses which are incurred to maintain fraternal character should be reported by nature of expense categories (for example, salaries, legal fees and expenses, local lodge expenses). Both direct payments to maintain fraternal character (for example, annual election expenses, expense of chartering new lodges) and administrative expenses (for example, staff salaries, local lodge meeting expenses) should be included. Reported expenses are not limited to those included in Exhibit 2 of the Annual Statement. Attach additional pages as necessary.

Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
A. Expenses which appear in Exhibit 2, annual statement			

PART III (Continued)

Name of Fraternal	For Year _____
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Nature of Expense	(1) Amount Incurred by Society's Headquarters	(2) Amount Incurred by Lodges	(3) Amount Received from Other Sources Included in Columns 1 and 2
B. Other Expenses which do not appear in Exhibit 2			

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.

**CPA AUDITED FINANCIAL STATEMENTS  
EXEMPTION AFFIDAVIT**

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**Ref:** Chapter Ins 50, Wis. Adm. Code,  
and s. 601.42, Wis. Stat.\*

Insurer Name	NAIC Group	NAIC Number
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**Wisconsin-domiciled insurers complete and return this by June 1 only if your  
company qualifies for Exemption under this section.**

I certify that to the best of my knowledge, information, and belief, the above-named insurer is exempt from the audited financial statement filing requirements of ch. Ins 50, Wis. Adm. Code, for the year ending December 31, \_\_\_\_\_, by virtue of having:

less than \$100,000 in direct premium written in Wisconsin during the year, **AND**;  
fewer than 1,000 policyholders in Wisconsin at the end of the year, **AND**;  
less than \$1,000,000 in direct premium written nationwide, **AND**;  
less than \$1,000,000 of assumed reinsurance premiums nationwide.

To be signed and filed only if exempt from CPA audit per above.

Title of Officer	Date	Signature of Officer
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Per s. Ins 50.18, Wis. Adm. Code, the insurer may be exempt if it is determined that complying with the rule would constitute a financial or organizational hardship. Requests for exemption under this provision must be made in advance to the Commissioner in writing.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



**CPA AUDIT CHECKLIST**

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

**Ref:** Chapter Ins 50, Wis. Adm. Code,  
and s. 601.42, Wis. Stat.\*

Insurer Name	NAIC Group	NAIC Number
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**Wisconsin-domiciled insurers** should complete and return this with your CPA audit report by June 1 unless a CPA Audit Exemption Certification is filed.

Nondomestic insurers are not required to file this form if the insurer has made required filings with the domiciliary state.

**For Year Ending December 31, \_\_\_\_\_**

1. Name of Certified Public Accountant (CPA) firm performing the audit:

	<b>Circle One</b>	
a. Did company have a change in CPAs this year? If NO, go to question 2. If YES, complete 1 b. - e.	YES	NO
b. Have you notified the Commissioner of Insurance within 5 business days of the dismissal or resignation of the former CPA?	YES	NO
c. Have you submitted a letter, within 15 business days, stating whether in the 24 months preceding the change there were any disagreements with the former CPA as to accounting matters?	YES	NO
d. Have you submitted a letter from the former CPA stating whether they agree with the company's statement in the letter described in item 1 c.?	YES	NO
e. Have you submitted a letter from the new CPA pursuant to s. Ins 50.07 (3), Wis. Adm. Code, stating an understanding of the provisions of the insurance code and of the rules of the Commissioner relating to accounting and financial matters?	YES	NO

2. Name of accounting firm partner or other person responsible for rendering the audit report:

Number of consecutive years (including the year most recently audited) this person has acted in this capacity for this insurer: \_\_\_\_\_

3. Reconciliation between annual statement and audit report:

	Annual Statement	Audit Report	Difference
a. Admitted Assets			
b. Capital and Surplus			
c. Net Income			

If differences, these have been reconciled in (check one):

<input type="checkbox"/> Notes to the financial statements	<input type="checkbox"/> Consolidated worksheets prepared for question No. 5	<input type="checkbox"/> Other (attach explanations)
--	--	--

4. Has the insurer and the accountant or accounting firm directly or indirectly entered into an indemnification agreement or hold-harmless agreement which covers the audit of the insurer?  
If YES, attach a copy.

YES NO

Insurer Name

Circle One

5. Was any of the insurer's president, chief executive officer, controller, chief financial officer, chief accounting officer, or a board member employed by the accounting firm during the one-year period preceding this filing? YES NO
6. a. An internal control letter from the auditor is required to be filed with OCI within 60 days after due date of CPA audit report. Has the company filed an internal control letter with OCI? YES NO
- b. If NO, will an internal control letter from the auditor be filed with OCI by August 1? YES NO
- c. If any material weaknesses are noted in the internal control letter, a summary of remedial action taken or proposed must be filed. Has the company filed a summary of remedial action taken or proposed with OCI? YES NO
7. Did the insurer have direct and assumed annual premiums of \$500 million or more? YES NO
- a. If YES, has the company filed a management report of internal control over financial reporting pursuant to s. Ins 50.17, Wis. Adm. Code? YES NO
8. Is the insurer a wholly owned subsidiary of a publicly traded SOX compliant entity? If YES, skip to question 10. YES NO
9. a. Has the insurer elected to allow the ultimate controlling person to designate the audit committee? YES NO
- b. If YES, has the company provided notice to the commissioner pursuant to s. Ins 50.15 (6), Wis. Adm. Code? (attach copy) YES NO
- c. Does the proportion of independent audit committee members meet or exceed the criteria in the table below: YES NO
- | Prior Calendar Year Direct Written and Nonaffiliated Assumed Premiums |   |  |
|---|---|--|
| \$0 - \$300,000,000   | \$300,000,000 - \$500,000,000                           | Over \$500,000,000   |
| No minimum requirements.  | Majority (50% or more) of members shall be independent. | Supermajority of members (75% or more) shall be independent. |
10. Have you enclosed an accountant's letter of qualifications, pursuant to s. Ins 50.13, Wis. Adm. Code, noting the accountant's understanding that the Commissioner of Insurance will be relying on the information and agreeing to make copies of work papers available? (attach copy) YES NO
11. Have you submitted a consolidated CPA audit report? If YES, complete a., b., and c. YES NO
- a. Is the company part of a group of insurers which utilizes a pooling or 100% reinsurance agreement under which the insurer cedes all direct and assumed business? YES NO
- b. Have you attached a worksheet reconciling the consolidated balance sheet to annual statement of the insurers with a column for each insurer and explanations of consolidating and eliminating entries? YES NO
- c. Have you obtained approval for consolidating from OCI? (attach copy) YES NO

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.