

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly 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).....4

 2.3. SUBMITTING INTERNET FILINGS.....5

 2.4. SUBMITTING DISKETTE FILINGS.....5

 2.4.1. DISKETTE MAILING REQUIREMENTS.....6

 2.4.2. WHERE TO SEND FILINGS.....6

MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING.....8

SPECIAL INSTRUCTIONS FOR JURAT TABLES.....11

SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES.....12

SPECIAL INSTRUCTIONS FOR PROPERTY ELECTRONIC FILINGS.....14

SPECIAL INSTRUCTIONS FOR LIFE ELECTRONIC FILINGS.....18

SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS.....21

SPECIAL INSTRUCTIONS FOR FRATERNAL ELECTRONIC FILINGS.....24

SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS.....27

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly 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 quarterly statement electronic filing submissions should be directed to the NAIC Financial Systems and Services Data Administrators 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 NAIC filing deadlines and requirements for the 2009 quarterly electronic filings are as follows.

- May 15, 2009 Quarterly Statement Filing as of March 31, 2009 (Property, Life, Health, Fraternal, Title)
- Trusteed Surplus Statement – Quarter Ending March 31, 2009 (Property, Life, Fraternal)
- Supplement A to Schedule T (Medical Professional Liability Supplement) – Quarter Ending March 31, 2009 (Property)
- Medicare Part D Coverage Supplement – Quarter Ending March 31, 2009 (Property, Life, Health, Fraternal)
- Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending March 31, 2009 (Life, Fraternal) (PDF file only)

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending March 31, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method Required by Actuarial Guideline XXXVI – Quarter Ending March 31, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Average Market Value) – Quarter Ending March 31, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Market Value) – Quarter Ending March 31, 2009 (Life, Fraternal) (PDF file only)
- Aug. 15, 2009
- Quarterly Statement Filing as of June 30, 2009 (Property, Life, Health, Fraternal, Title)
 - Trusteed Surplus Statement – Quarter Ending June 30, 2009 (Property, Life, Fraternal)
 - Supplement A to Schedule T (Medical Professional Liability Supplement) – Quarter Ending June 30, 2009 (Property)
 - Medicare Part D Coverage Supplement – Quarter Ending June 30, 2009 (Property, Life, Health, Fraternal)
 - Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending June 30, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending June 30, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method Required by Actuarial Guideline XXXVI – Quarter Ending June 30, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Average Market Value) – Quarter Ending June 30, 2009 (Life, Fraternal) (PDF file only)
 - Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Market Value) – Quarter Ending June 30, 2009 (Life, Fraternal) (PDF file only)
- Nov. 15, 2009
- Quarterly Statement Filing as of September 30, 2009 (Property, Life, Health, Fraternal, Title)
 - Trusteed Surplus Statement – Quarter Ending September 30, 2009 (Property, Life, Fraternal)
 - Supplement A to Schedule T (Medical Professional Liability Supplement) – Quarter Ending September 30, 2009 (Property)
 - Medicare Part D Coverage Supplement – Quarter Ending September 30, 2009 (Property, Life, Health, Fraternal)

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

- Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending September 30, 2009 (Life, Fraternal) (PDF file only)
- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXV – Quarter Ending September 30, 2009 (Life, Fraternal) (PDF file only)
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method Required by Actuarial Guideline XXXVI – Quarter Ending September 30, 2009 (Life, Fraternal) (PDF file only)
- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Average Market Value) – Quarter Ending September 30, 2009 (Life, Fraternal) (PDF file only)
- Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Market Value) – Quarter Ending September 30, 2009 (Life, Fraternal) (PDF file only)

Note: Quarter 4 filings are not captured by the NAIC.

2.2. Filing Types (Statement Data Files)

An original filing is required the first time an electronic statement data file is submitted to the NAIC for any filing deadline. Each original quarterly data file must contain the following code in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

OCQ Original and Complete Quarterly electronic filing

A refiling is required when an insurer's electronic statement data file fails certain minimum standards that have been established by the NAIC. In such a circumstance, the NAIC will contact the insurer and request that all data to be reported on that particular electronic file be resubmitted. (The insurer's state of domicile will be informed that the insurer has not complied with filing requirements, if necessary.) A refiling must always be a complete filing. Each quarterly refiling must contain the following code in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

RCQ Refiling of Complete Quarterly 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 2009 quarterly Assets table needs correction, the amended 2009 quarterly 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 quarterly 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.

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

- APQ Amendment of Partial Quarterly electronic filing
- ACQ Amendment of Complete Quarterly electronic filing

Note: A company’s partial or complete amended quarterly electronic data filing must be accompanied by the following:

- i) an amended PDF file,
- ii) a cover letter detailing all changes.

2.3. Submitting Internet Filings

Internet Filing is recommended for submitting financial statement data to the NAIC. Filing through the Internet is an alternative method to diskette filing (or filing via CD-ROM). 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.)

In order to file using the NAIC Internet Filing Web site, companies must sign up and receive a user ID and password. For information regarding the sign up process as well as other aspects of Internet Filing, interested parties should access <https://www2.naic.org/servlet/Index>.

2.4. Submitting Diskette Filings

The NAIC will continue to accept diskette filings from companies that do not file via the Internet (or via CD-ROM). 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 quarterly data file for each filing deadline **must** be submitted on a separate diskette (or set of diskettes).

Each quarterly diskette submitted to the NAIC must contain a diskette label with the following information.

- Company Name
- NAIC Company Code and FEIN
- Name of Quarterly Statement Software Vendor
- Diskette No. __ of __ (i.e., Diskette No. 2 of 4)
- Filing Date
- Diskette Contact Person and Telephone Number
- Filing Type

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

ABC INSURANCE COMPANY OF AMERICA
NAIC = 12345 FEIN = 12-3456789
XYZ SOFTWARE CORP.
DISKETTE NO. 1 OF 1
FILING DATE: 5/15/2009
CONTACT PERSON: JOE SMITH
TELEPHONE NUMBER: 800-555-1234
FILING TYPE: QUARTER 1 ORIGINAL

ABC INSURANCE COMPANY OF AMERICA
NAIC = 12345 FEIN = 12-3456789
XYZ SOFTWARE CORP.
DISKETTE NO. 1 OF 2
FILING DATE: 8/15/2009
CONTACT PERSON: JOE SMITH
TELEPHONE NUMBER: 800-555-1234
FILING TYPE: QUARTER 2 REFILE

ABC INSURANCE COMPANY OF AMERICA
NAIC = 12345 FEIN = 12-3456789
XYZ SOFTWARE CORP.
DISKETTE NO. 1 OF 2
FILING DATE: 11/15/2009
CONTACT PERSON: JOE SMITH
TELEPHONE NUMBER: 800-555-1234
FILING TYPE: QUARTER 3 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 quarterly diskette 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.

2.4.2. Where to Send Filings

Insurers will mail their quarterly statement data diskettes to the NAIC at the following address.

Attn: Data Administrators
NAIC Database
2301 McGee Street, Suite 800
Kansas City, MO 64121-7009

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

Note: Insurers mailing by overnight delivery will send their quarterly statement data diskettes to the NAIC at the following address.

Attn: Data Administrators
NAIC Database
2301 McGee Street, Suite 800
Kansas City, MO 64108-2662
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 2009
Quarterly Filings

MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING

1. An insurer’s quarterly electronic filings submitted to the NAIC must be consistent with the filings submitted to the insurer’s domiciliary state.
2. All quarterly 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 Quarter 1 ZIP file should contain only the files that have a filing date of May 15; it should not contain files that have a filing date of August 15.
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.
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 2009
Quarterly Filings

10. The following are guidelines regarding the electronic filing of quarterly supplements.
- A supplement should be filed **only** if it is applicable to the reporting company.
 - If a company answers “NO” to the Supplemental Interrogatory that pertains to a particular supplement, 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 quarterly 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 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. 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.
13. Unless otherwise specified in the quarterly statement instructions, all alphabetic code and YES/NO responses in interrogatories, exhibits, and schedules should be reported in uppercase letters only.
14. 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 0300001 of Schedule D, Part 3 must not exceed 40 characters and must not be continued on Line 0300002 of the table.) If necessary, entries may be abbreviated in order not to exceed prescribed field lengths.
15. Original and refiled quarterly 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.

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

16. Following are the quarterly minimum standards data validation descriptions, listed by statement type. An insurer's quarterly 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.

Quarterly Property:

- Assets Page, Column 3, Line 26 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 36
- Liabilities, Surplus and Other Funds Page, Column 1, Line 35 did not equal Statement of Income Page, Column 1, Line 39

Quarterly Life:

- Assets Page, Column 3, Line 26 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

Quarterly Health:

- Assets Page, Column 3, Line 26 did not equal Liabilities, Capital and Surplus Page, Column 3, Line 32
- Liabilities, Capital and Surplus Page, Column 3, Line 31 did not equal Statement of Revenue and Expenses Page, Column 1, Line 49

Quarterly Fraternal:

- Assets Page, Column 3, Line 26 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

Quarterly Title:

- Assets Page, Column 3, Line 26 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 Operations and Investment Exhibit Page, Column 1, Line 32

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly 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 quarterly electronic filings.

- NAIC Company Code
- FEIN
- State of Domicile or Port of Entry
- Country of Domicile (2-letter abbreviation)
- Submission Filing Type Code (See page 4 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

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES

❖ 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 3 and SCHEDULE D, PART 4

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

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 3

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

Column 11.1 (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 applicable 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 23.1 (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 applicable 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).

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

❖ SCHEDULE DB, PART F, SECTION 1

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

Column 1 – Replication RSAT Number

Column 8a1 – CUSIP Issuer

Column 8a2 – CUSIP Issue

Column 8a3 – CUSIP Check Digit

Column 9 – Description Cash Instrument(s) Held

Column 10 – Statement Value Cash Instrument(s) Held

Column 11 – Fair Value Cash Instrument(s) Held

Column 12 – NAIC Designation or Other Description Cash Instrument(s) Held

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

Column 2 – Description Replicated (Synthetic) Asset

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

Column 4 – Statement Value Replicated (Synthetic) Asset

Column 5 – Fair Value Replicated (Synthetic) Asset

Column 6 – Description Derivative Instruments Open

Column 7 – Fair Value Derivative Instruments Open

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

SPECIAL INSTRUCTIONS FOR PROPERTY ELECTRONIC FILINGS

❖ NOTES TO FINANCIAL STATEMENT

For Lines 1311001-1311996, Column 1 (Description) does not apply.

For Line 14D02 (Range of claims), the valid entries for Column 36 (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 36 (Claims) are F (for per claim) and G (for per claimant).

For Lines 15A02A1-15A02A6, the line captions are as follows.

Line 15A02A1 – 2010 (year ending December 31)

Line 15A02A2 – 2011 (year ending December 31)

Line 15A02A3 – 2012 (year ending December 31)

Line 15A02A4 – 2013 (year ending December 31)

Line 15A02A5 – 2014 (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 – 2010 (year ending December 31)

Line 15B01C2 – 2011 (year ending December 31)

Line 15B01C3 – 2012 (year ending December 31)

Line 15B01C4 – 2013 (year ending December 31)

Line 15B01C5 – 2014 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

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

For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 27 (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).

Note: All required lines must be accounted for on the electronic filing.

❖ GENERAL INTERROGATORIES, PART 1

Lines 08.4001-08.4996 – The valid responses for Column 21 (FRB), Column 22 (OCC), Column 23 (OTS), Column 24 (FDIC), and Column 25 (SEC) are YES and NO.

❖ SCHEDULE F – CEDED REINSURANCE

Lines 0100001-0199996 – Affiliates

Lines 0200001-0299996 – U.S. insurers

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

Lines 0300001-0399996 – Pools and associations
Lines 0400001-0499996 – All other 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 Y, PART 1

The electronic reporting requirements for Schedule Y, Part 1 differ from the hard copy reporting requirements in that additional information is required on the electronic filing in order to make it usable in an automated format.

Column 1 – (NAIC) Group Code

Column 2 – Group Name

Column 3 – NAIC Company Code

Column 4 – State of Domicile (2-letter abbreviation)

Column 5 – FEIN

Column 6 – Name of Company

Note: Only domestic insurers are to be reported on the electronic filing for Schedule Y, Part 1.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 9 of this directive.)

❖ 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), OP (for Other Health Care Professionals), HS (for Hospitals), and OF (for Other Health Care Facilities).

- Each value that is reported in the Key Code column of Supplement A to Schedule T also must be reported in the Key Code column of the corresponding write-in table.
- For each value that is reported in the Key Code column, all required lines of the noted tables must be included on the electronic filing.
- If a particular valid value for the Key Code column is not applicable to a company, that value should not be included on the company's electronic filing.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

❖ **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.

❖ **MEDICARE PART D COVERAGE SUPPLEMENT**

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

The information in this table should be reported year-to-date.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (PROPERTY)

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

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

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being refiled at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being refiled 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 quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly 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 2009
Quarterly Filings**

SPECIAL INSTRUCTIONS FOR LIFE ELECTRONIC FILINGS

❖ **NOTES TO FINANCIAL STATEMENT**

For Lines 1311001-1311996, Column 1 (Description) does not apply.

For Line 14D02 (Range of claims), the valid entries for Column 36 (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 36 (Claims) are F (for per claim) and G (for per claimant).

For Lines 15A02A1-15A02A6, the line captions are as follows.

Line 15A02A1 – 2010 (year ending December 31)

Line 15A02A2 – 2011 (year ending December 31)

Line 15A02A3 – 2012 (year ending December 31)

Line 15A02A4 – 2013 (year ending December 31)

Line 15A02A5 – 2014 (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 – 2010 (year ending December 31)

Line 15B01C2 – 2011 (year ending December 31)

Line 15B01C3 – 2012 (year ending December 31)

Line 15B01C4 – 2013 (year ending December 31)

Line 15B01C5 – 2014 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

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

For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 27 (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).

Note: All required lines must be accounted for on the electronic filing.

❖ **GENERAL INTERROGATORIES, PART 1**

Lines 08.4001-08.4996 – The valid responses for Column 21 (FRB), Column 22 (OCC), Column 23 (OTS), Column 24 (FDIC), and Column 25 (SEC) are YES and NO.

❖ **SCHEDULE S – CEDED REINSURANCE**

Lines 0100001-0199998 – Life and annuity – affiliates

Lines 0200001-0299998 – Life and annuity – non-affiliates

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

Lines 0300001-0399998 – Accident and health – affiliates
Lines 0400001-0499998 – Accident and health – non-affiliates

❖ **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 Y, PART 1**

The electronic reporting requirements for Schedule Y, Part 1 differ from the hard copy reporting requirements in that additional information is required on the electronic filing in order to make it usable in an automated format.

Column 1 – (NAIC) Group Code

Column 2 – Group Name

Column 3 – NAIC Company Code

Column 4 – State of Domicile (2-letter abbreviation)

Column 5 – FEIN

Column 6 – Name of Company

Note: Only domestic insurers are to be reported on the electronic filing for Schedule Y, Part 1.

❖ **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

(See page 9 of this directive.)

❖ **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.

❖ **MEDICARE PART D COVERAGE SUPPLEMENT**

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

The information in this table should be reported year-to-date.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (LIFE)

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

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

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being refiled at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being refiled 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 quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly 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 2009
Quarterly Filings**

SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS

❖ NOTES TO FINANCIAL STATEMENT

For Lines 1311001-1311996, Column 1 (Description) does not apply.

For Line 14D02 (Range of claims), the valid entries for Column 36 (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 36 (Claims) are F (for per claim) and G (for per claimant).

For Lines 15A02A1-15A02A6, the line captions are as follows.

Line 15A02A1 – 2010 (year ending December 31)

Line 15A02A2 – 2011 (year ending December 31)

Line 15A02A3 – 2012 (year ending December 31)

Line 15A02A4 – 2013 (year ending December 31)

Line 15A02A5 – 2014 (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 – 2010 (year ending December 31)

Line 15B01C2 – 2011 (year ending December 31)

Line 15B01C3 – 2012 (year ending December 31)

Line 15B01C4 – 2013 (year ending December 31)

Line 15B01C5 – 2014 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

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

For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 26 (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).

Note: All required lines must be accounted for on the electronic filing.

❖ GENERAL INTERROGATORIES, PART 1

Lines 08.4001-08.4996 – The valid responses for Column 21 (FRB), Column 22 (OCC), Column 23 (OTS), Column 24 (FDIC), and Column 25 (SEC) are YES and NO.

❖ SCHEDULE S – CEDED REINSURANCE

Lines 0100001-0199998 – Life and annuity – affiliates

Lines 0200001-0299998 – Life and annuity – non-affiliates

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

Lines 0300001-0399998 – Accident and health – affiliates
Lines 0400001-0499998 – Accident and health – non-affiliates
Lines 0500001-0599998 – Property/Casualty – affiliates
Lines 0600001-0699998 – Property/Casualty – non-affiliates

❖ **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 Y, PART 1**

The electronic reporting requirements for Schedule Y, Part 1 differ from the hard copy reporting requirements in that additional information is required on the electronic filing in order to make it usable in an automated format.

Column 1 – (NAIC) Group Code
Column 2 – Group Name
Column 3 – NAIC Company Code
Column 4 – State of Domicile (2-letter abbreviation)
Column 5 – FEIN
Column 6 – Name of Company

Note: Only domestic insurers are to be reported on the electronic filing for Schedule Y, Part 1.

❖ **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

(See page 9 of this directive.)

❖ **MEDICARE PART D COVERAGE SUPPLEMENT**

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

The information in this table should be reported year-to-date.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

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

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

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being refiled at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being refiled 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 quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly 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 2009
Quarterly Filings**

SPECIAL INSTRUCTIONS FOR FRATERNAL ELECTRONIC FILINGS

❖ **NOTES TO FINANCIAL STATEMENT**

For Lines 1311001-1311996, Column 1 (Description) does not apply.

For Line 14D02 (Range of claims), the valid entries for Column 36 (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 36 (Claims) are F (for per claim) and G (for per claimant).

For Lines 15A02A1-15A02A6, the line captions are as follows.

Line 15A02A1 – 2010 (year ending December 31)

Line 15A02A2 – 2011 (year ending December 31)

Line 15A02A3 – 2012 (year ending December 31)

Line 15A02A4 – 2013 (year ending December 31)

Line 15A02A5 – 2014 (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 – 2010 (year ending December 31)

Line 15B01C2 – 2011 (year ending December 31)

Line 15B01C3 – 2012 (year ending December 31)

Line 15B01C4 – 2013 (year ending December 31)

Line 15B01C5 – 2014 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

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

For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 27 (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).

Note: All required lines must be accounted for on the electronic filing.

❖ **GENERAL INTERROGATORIES, PART 1**

Lines 08.4001-08.4996 – The valid responses for Column 21 (FRB), Column 22 (OCC), Column 23 (OTS), Column 24 (FDIC), and Column 25 (SEC) are YES and NO.

❖ **SCHEDULE S – CEDED REINSURANCE**

Lines 0100001-0199998 – Life and annuity – affiliates

Lines 0200001-0299998 – Life and annuity – non-affiliates

NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings

Lines 0300001-0399998 – Accident and health – affiliates
Lines 0400001-0499998 – Accident and health – non-affiliates

❖ **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 Y, PART 1**

The electronic reporting requirements for Schedule Y, Part 1 differ from the hard copy reporting requirements in that additional information is required on the electronic filing in order to make it usable in an automated format.

Column 1 – (NAIC) Group Code

Column 2 – Group Name

Column 3 – NAIC Company Code

Column 4 – State of Domicile (2-letter abbreviation)

Column 5 – FEIN

Column 6 – Name of Company

Note: Only domestic insurers are to be reported on the electronic filing for Schedule Y, Part 1.

❖ **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

(See page 9 of this directive.)

❖ **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.

❖ **MEDICARE PART D COVERAGE SUPPLEMENT**

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

The information in this table should be reported year-to-date.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (FRATERNAL)

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

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

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being refiled at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being refiled 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 quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly 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 2009
Quarterly Filings**

SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS

❖ **NOTES TO FINANCIAL STATEMENT**

For Lines 1311001-1311996, Column 1 (Description) does not apply.

For Line 14D02 (Range of claims), the valid entries for Column 36 (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 36 (Claims) are F (for per claim) and G (for per claimant).

For Lines 15A02A1-15A02A6, the line captions are as follows.

Line 15A02A1 – 2010 (year ending December 31)

Line 15A02A2 – 2011 (year ending December 31)

Line 15A02A3 – 2012 (year ending December 31)

Line 15A02A4 – 2013 (year ending December 31)

Line 15A02A5 – 2014 (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 – 2010 (year ending December 31)

Line 15B01C2 – 2011 (year ending December 31)

Line 15B01C3 – 2012 (year ending December 31)

Line 15B01C4 – 2013 (year ending December 31)

Line 15B01C5 – 2014 (year ending December 31)

Line 15B01C6 – Total (year ending December 31)

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

Note: All required lines must be accounted for on the electronic filing.

❖ **GENERAL INTERROGATORIES, PART 1**

Lines 08.4001-08.4996 – The valid responses for Column 21 (FRB), Column 22 (OCC), Column 23 (OTS), Column 24 (FDIC), and Column 25 (SEC) are YES and NO.

❖ **SCHEDULE F – CEDED REINSURANCE**

Lines 0100001-0199996 – Affiliates

Lines 0200001-0299996 – U.S. insurers

Lines 0300001-0399996 – Pools and associations

Lines 0400001-0499996 – All other insurers

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

❖ 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 Y, PART 1

The electronic reporting requirements for Schedule Y, Part 1 differ from the hard copy reporting requirements in that additional information is required on the electronic filing in order to make it usable in an automated format.

Column 1 – (NAIC) Group Code

Column 2 – Group Name

Column 3 – NAIC Company Code

Column 4 – State of Domicile (2-letter abbreviation)

Column 5 – FEIN

Column 6 – Name of Company

Note: Only domestic insurers are to be reported on the electronic filing for Schedule Y, Part 1.

**NAIC General Electronic Filing Submission Directive – Data Year 2009
Quarterly Filings**

QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (TITLE)

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

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

A.	QTR. 1	QTR. 2	QTR. 3
1. Is this the first time you've submitted this filing? (Y/N)	_____	_____	_____
2. Is this being refiled at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being refiled 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 quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly 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 _____