

**HEALTH ENTITIES**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2022

(1) Checklist	(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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"X14")	EO	EO	xxx	3/1	NAIC	A,B,E-O
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	xxx	3/1	NAIC	A,B,E-O
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-O
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	12	Actuarial Opinion	EO	EO	xxx	3/1	Company	A,B,E-K
	13	Life Supplemental Data due March 1	EO	EO	xxx	3/1	NAIC	A,B,E-K, N
	14	Life Supplemental Data due April 1	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	EO	EO	xxx	3/1	Company	A,B,E-K
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	EO	EO	xxx	3/1	Company	A,B,E-K,
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	18	Long-Term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	19	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A,B,E-K
	20	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	21	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	22	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	23	Schedule SIS	EO	N/A	N/A	3/1	NAIC	A,B,E-K,N
	24	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A,B,E-K,N
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	26	Supplemental Health Care Exhibit's Allocation Report	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	27	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	Quarterly.PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	B,E,U
	82	Audited Financial Reports	EO	EO	xxx	6/1	Company	B,E,F,I
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	6/1	Company	B,E,F,I,P
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	B,E,V
	85	Independent CPA (change)	EO	N/A	N/A		Company	B,P
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	B,E
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	Note J	Company	B,I
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	xxx	3/1	Company	B,I,P
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	xxx	3/1	Company	B,I,P
	90	Relief from the Requirements for Audit Committees	EO	EO	xxx	3/1	Company	B,I,P
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	Note S	Company	B,I,P
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Analysis of Operations by Lines of Business (on a quarterly basis)	EO	0	EO	5/15, 8/15,11/15	Company	B,J,K,O,BB
	102	Annual Company Profile Questionnaire	EO	0	N/A	4/1	State	B,G,M,O,Z
	103	Basket Clause (paragraph 19) - IC27-1-13-3(c)(19), IC27-13-34-12(3) or IC27-1-12-2(b)(20)	EO	0	0	3/1	State	B,E,G,J,K,M,O
	104	Certificate of Advertising	EO	0	EO	3/1	State	A,B,E,G,J
	105	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A,B,E,G,J,O
	106	Cybersecurity Annual Certification of Compliance	EO	0	N/A	4/15	Company	A, B, G, H, J, L, M, O
	107	Description of Grievance Procedures & Appeals Report set forth in IC 27-13-8-2(a), IC 27-8-28-19, IC 27-8-29-21, IC 27-13-34-12(2) and 760 IAC 1-59-4	EO	0	EO	3/1	State	FF
	108	Foreign Investments and Other Structured Securities under (IC 27-1-12-2b)(17A), (17B) & (31) (Domestic Life Companies Only)	EO	0	0	3/1	State	B,E,G,J,K,M,O

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			Domestic		Foreign			
			State	NAIC	State			
	109	Foreign Investments and Mortgage Backed Securities under IC 27-1-13-3(c)(9), (17) & (19) (Domestic, HMO, LSHMO & P & C Companies Only)	EO	0	0	3/1	State	B,E,G,J,K,M,O
	110	Form F ****	EO	0	N/A	7/1	State	B,E,G,H,J,O,Y
	110	Health Care Exhibit Supplement Waiver	EO	0	N/A	2/14	State	I,DD
	111	Holding Company Registration (Rule 15.1, Form B & C)	EO	0	N/A	7/1	State	B,E,G,J,O
	112	Minimum Statutory Net Worth Calculation (IC 27-13-12-3) or (IC 27-13-34-16) (HMOs & LSHMOs Only)	EO	0	EO	3/1,5/15,8/15,11/15	State	A,B,J,K,O,BB,GG
	11	ORSA*****	EO	0	N/A	See Note EE	Company	B,G,J,O,EE
	116	Premium Tax ( <b>Do Not Include with Annual Statement</b> )	EO	0	EO	3/1,4/15,6/15,9/15,12/15	State	D,E,F,AA
	117	Provider List (IC 27-13-8-2) or (IC 27-13-34-12(1) (HMOs & LSHMOs Only)	EO	0	EO	3/1	Company	B,J,BB
	118	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) <b>Do Not Include with Annual Statement</b>	EO	0	EO	3/1	State	C,E
	119	Statement of Condition	0	0	EO	3/1	State	A,B,E,G,H,J,R
	120	Supplemental Report #2 – Summary of Operations (Point of Service)	EO	0	EO	3/1,5/15,8/15,11/15	NAIC	B,J,K,O,S,BB
	121	Supplement to the State of Indiana Health Exhibit (ICHIA)	EO	0	EO	3/1	ICHIA	Q
	122	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign Companies with a deposit in Indiana	EO	0	EO	2/15	State	G,CC

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

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

\*\*\*For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure 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).

\*\*\*\*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 URL: [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. It is the Department's preference that ORSA filing be submitted on or before September 1. 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)