

PROPERTY & CASUALTY INSURERS

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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	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
	3	Protected Cell Annual Statement	EO	0	xxx	3/1	NAIC	A,B,E-O
	4	Combined Annual Statement (8 1/2" x 14")	EO	EO	xxx	5/1	NAIC	A,B,E-O
II. NAIC SUPPLEMENTS								
	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	Actuarial Opinion Summary	EO	N/A	xxx	3/15	Company	A,B,E-K,X
	14	Bail Bond Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	15	Combined Insurance Expense Exhibit	EO	EO	xxx	5/1	NAIC	A,B,E-K,N
	16	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K, N
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	18	Director and Officer Insurance Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	19	Financial Guaranty Insurance Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	20	Insurance Expense Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	21	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	A,B,E-K, N
	22	Long-Term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	23	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A,B,E-K,O
	24	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	25	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	26	Mortgage Guaranty Insurance Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,L,N
	27	Premiums Attributed to Protected Cells Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	28	Private Flood Insurance Supplement	EO	EO	xxx	4/1	NAIC	A,B,E-K
	29	Reinsurance Attestation Supplement	EO	EO	xxx	3/1	Company	A,B,E-K
	30	Exceptions to Reinsurance Attestation Supplement	EO	N/A	xxx	3/1	Company	A,B,E-K
	31	Reinsurance Summary Supplemental	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	32	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	33	Schedule SIS	EO	N/A	N/A	3/1	NAIC	A,B,E-K,N
	34	Supplement A to Schedule T	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	35	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A,B,E-KN
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	38	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	EO	EO	xxx	3/1	NAIC	A,B,E-K, N
	40	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
III. ELECTRONIC FILING REQUIREMENTS								
	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	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	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,V
	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		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

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			Domestic		Foreign			
			State	NAIC	State			
	90	Relief from the Requirements for Audit Committees	EO	EO	xxx	3/1	Company	B,I,P
	91	Request to File Consolidated Audited Annual Statements	EO	N/A	N/A	12/1/15	Company	I
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A		Company	B,I,P
		V. STATE REQUIRED FILINGS						
	101	Annual Company Profile Questionnaire	EO	0	N/A	4/1	State	B,J,M,O,Z
	102	Basket Clause	EO	0	0	3/1	State	B,E,J,K,M,O
	103	Certificate of Advertising	EO	0	EO	3/1	State	A,B,E,J,M
	104	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A,B,E,J, O
	105	Cybersecurity Annual Certification of Compliance	EO	0	N/A	4/15	Company	A, B, G, H, J, L, M, O
	106	Foreign, Mtg-Backed & Asset -Backed Sec Report	EO	0	0	3/1	State	B,E,J,M,O
	107	Form F ****	EO	0	N/A	7/1	State	B,E,GJ,O,Y
	108	Health Care Exhibit Supplement Waiver	EO	0	N/A	2/15	State	I, J,DD
	109	Holding Company Registration Statement (Rule 15.1, Form B & C)	EO	0	N/A	7/1	State	B,E,G,J,O
	110	ORSA *****	EO	0	N/A	See Note EE	Company	B,J, O,EE
	111	Premium Tax (Do Not Include with Annual Statement)	EO	0	EO	3/1,4/15,6/15 9/15,12/15	State	D,E,F
	112	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) Do Not Include with Annual Statement	EO	0	EO	3/1	State	C,E
	113	Statement of Condition	0	0	EO	3/1	State	A,B,E,G,H,J,R
	114	Supplement to the State of Indiana Health Exhibit (ICHIA)	EO	0	EO	3/1	ICHIA	Q
	115	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign companies with a deposit in Indiana.	EO	0	EO	2/15	State	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.

****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

*****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