

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2020

(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"X14")	2	EO	xxx	3/1	NAIC	A,B,E-R,U,EE,FF
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	A,B,E-R,U,EE,FF
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-R,EE,FF
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U,EE,FF
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	14	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U,EE,FF
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	xxx	3/1	Company	A,B,E-K,M,R,U,EE,FF
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,N,R,U,EE,FF
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	A,B,E-K,M,N,R,U,EE,FF
	19	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,B,E-K,R,U,EE,FF
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,EE,FF
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	3	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	27	Supplemental Health Care Exhibit's Allocation Report	3	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
	28	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U,EE,FF
		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	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	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	B,E,Y,EE,FF
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	B,E,F,J,Z,EE,FF
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A	6/1	Company	B,E,F,J,S,EE,FF
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	B,E,Z,EE,FF
	85	Independent CPA (change)	2	N/A	N/A		Company	B,S,EE,FF
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B,E,EE,FF
	87	Notification of Adverse Financial Condition	1	N/A	N/A	Note J	Company	B,J,EE,FF
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	B,J,S,EE,FF
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	B,J,S,EE,FF
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	B,J,S,EE,FF
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	Note S	Company	B,J, S,EE,FF
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	2	0	xxx	3/1	State	O,U,EE,FF
	102	Analysis of Operations by Lines of Business (on a quarterly basis)	2	0	0	3/1,5/15, 8/15,11/15	Company	B,K,M,Q,EE,FF
	103	Annual Company Profile Questionnaire	1	0	N/A	4/1	State	B,K,N,O,DD,EE,FF ,HH

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			Domestic		Foreign			
			State	NAIC	State			
	104	Basket Clause (paragraph 19) - IC27-1-13-3(c)(19), IC27-13-34-12(3) or IC27-1-12-2(b)(20)	2	0	0	3/1	State	B,E,K,O,Q,R, U, EE, FF, HH
	105	Certificate of Advertising	2	0	1	3/1	State	A,B,E,K,R,U,EE,FF
	106	Corporate Governance Annual Disclosure***	1	0	N/A	6/1	Company	A,B,E,K,N,Q, EE, FF, HH
	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	N, LL
	108	Foreign Investments and Other Structured Securities under (IC 27-1-12-2b)(17A), (17B) & (31) (Domestic Life Companies Only)	2	0	0	3/1	State	B,E,K,O,Q,R,U,HH
	109	Foreign Investments and Mortgage Backed Securities under IC 27-1-13-3(c)(9), (17) & (19) (Domestic, HMO, LSHMO & P & C Companies Only)	2	0	0	3/1	State	B,E,K,O,Q,R,U,HH
	110	Form F ****	1	0	N/A	7/1	State	B,E,G,H,K,Q,CC,E E,FF, HH
	111	Health Care Exhibit Supplement Waiver	1	0	N/A	2/14	State	J, JJ
	112	Holding Company Registration (Rule 15.1, Form B & C)	1	0	N/A	7/1	State	B,E,G,H,K,Q,CC,E E,FF, HH
	113	Minimum Statutory Net Worth Calculation (IC 27-13-12-3) or (IC 27-13-34-16) (HMOs & LSHMOs Only)	2	0	0	3/1,5/15, 8/15,11/15	State	A,B,K,Q,EE,FF
	114	ORSA*****	1	0	N/A	See Note LL	Company	B,K,N,Q,KK,LL
	115	Premium Tax (Do Not Include with Annual Statement)	1	0	1	3/1,4/15,6/15, 9/15,12/15	State	D,O,FF,GG,HH
	116	Provider List (IC 27-13-8-2) or (IC 27-13-34-12(1) (HMOs & LSHMOs Only)	1	0	1	3/1	Company	B,K,M,R,EE,FF
	117	Regulatory Assets Adequacy Issue Summary[(760 IAC 1-57-9(h))](Life Companies Only)	1	0	EO	3/15	State	K,AA,EE,FF
	118	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) Do Not Include with Annual Statement	1	0	1	3/1	State	C,O,EE,FF
	119	Statement of Condition	0	0	2	3/1	State	A,B,E,G,H,K,V,EE, FF,HH
	120	Supplemental Report #2 – Summary of Operations (Point of Service)	2	0	0	3/1,5/15, 8/15,11/15	NAIC	B,K,M,Q,W,EE,FF
	121	Supplement to the State of Indiana Health Exhibit (ICHIA)	1	0	1	3/1	ICHIA	T
	122	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign Companies with a deposit in Indiana	1	0	1	2/15	State	II

*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