

**PROPERTY & CASUALTY INSURERS**

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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 ½" x 14")	2	EO	xxx	3/1	NAIC	A,B,E-R,U
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	A,B,E-R,U
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-Q,U
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	A,B,E-Q,U
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	NAIC	A,B,E-P
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	A,B,E-K,R,U
	13	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	A,B,E-K,R,BB
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	15	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	A,B,E-K,M,P,R,U
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	A,B,E-K,M,N,P,R,U
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	A,B,E-K,M,N,P,R,U
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,B,E-K,Q,R,U
	25	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R,U
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	A,B,E-K,M,R
	29	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	A,B,E-K,M,R,U
	30	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	A,B,E-K,M,P,R
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	A,B,E-K,L,M,P,R
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R,U
	33	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A,B,E-K,M,P,R
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R
	37	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	A,B,E-K,M,P,R,U
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	A,B,E-K,M,N,P,R,U
	39	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,M,P,R,U
<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	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	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	B,E,Y
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	B,E,F,J,Z
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A	6/1	Company	B,E,F,J,S
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	B,E,Z
	85	Independent CPA (change)	2	N/A	N/A	See Note S	Company	B,S
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B,E,
	87	Notification of Adverse Financial Condition	1	N/A	N/A	See Note J	Company	B,J
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	B,J,S
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	B,J,S
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	B,J,S

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			State	NAIC	State			
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/1/15	Company	J
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	See Note S	Company	B,J,S
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)	2	0	xxx	3/1	State	O,U
	102	Annual Company Profile Questionnaire	1	0	N/A	4/1	State	B,K,N,O,Q,DD
	103	Basket Clause	2	0	0	3/1	State	B,E,K,M,O,Q,R,U
	104	Certificate of Advertising	2	0	1	3/1	State	A,B,E,K,O,R,U
	105	Corporate Governance Annual Disclosure***	1	0	N/A	6/1	Company	A,B,E,K,N,Q
	106	Foreign, Mtg-Backed & Asset-Backed Sec Report	2	0	0	3/1	State	B,E,K,M,O,Q,R,U
	107	Form F ****	1	0	N/A	7/1	State	B,E,G,H,K,Q,CC
	108	Health Care Exhibit Supplement Waiver	1	0	N/A	2/15	State	J, K, JJ
	109	Holding Company Registration Statement (Rule 15.1, Form B & C)	1	0	N/A	7/1	State	B,E,G,H,K,Q,CC
	110	ORSA *****	1	0	N/A	See Note KK	Company	B,K,N,Q, KK
	111	Premium Tax ( <b>Do Not Include with Annual Statement</b> )	1	0	1	3/1,4/15,6/15 9/15,12/15	State	D,F,O
	112	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) <b>Do Not Include with Annual Statement</b>	1	0	1	3/1	State	C,O
	113	Statement of Condition	0	0	2	3/1	State	A,B,E,G,H,K,V
	114	Supplement to the State of Indiana Health Exhibit (ICHIA)	1	0	1	3/1	ICHIA	T
	115	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](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)