

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2017

| (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 ½"X14") | 3 | EO | xxx | 3/1 | NAIC | G, H(a), I, L, N(b) |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 3 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | G, H(a), I, L, N(b) |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | M |
| | 12 | Actuarial Opinion | 3 | EO | xxx | 3/1 | Company | G, M, N (b) (e) |
| | 13 | Life Supplemental Data due March 1 | 2 | EO | xxx | 3/1 | NAIC | M |
| | 14 | Life Supplemental Data due April 1 | 2 | EO | xxx | 4/1 | NAIC | M |
| | 15 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 2 | EO | xxx | 3/1 | Company | M |
| | 16 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company | M |
| | 17 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | M |
| | 18 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | N(b) |
| | 19 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | M |
| | 20 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | M |
| | 21 | Property/Casualty Supplement due March 1 | 2 | EO | xxx | 3/1 | NAIC | M |
| | 22 | Property/Casualty Supplement due April 1 | 2 | EO | xxx | 4/1 | NAIC | M |
| | 23 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | G, I, N(b) |
| | 24 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | M |
| | 25 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 26 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | xxx | 4/1 | NAIC | M |
| | 27 | Supplemental Health Care Exhibit's Allocation Report | 2 | EO | xxx | 4/1 | NAIC | M |
| | 28 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | M |
| 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 | |
| | 82 | Audited Financial Reports | 2 | EO | xxx | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 5/1 | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | 12/1 | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 2 | N/A | N/A | 3/1 | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | |

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| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 3/1 | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Application for Renewal of C of A | 1 | N/A | 1 | 7/1 | State | N(c), G, H(a) |
| | 102 | Basket Clause Statement | 1 | N/A | N/A | 3/1 | State | T, M |
| | 103 | Certificate of Compliance | 0 | 0 | 0 | | State | |
| | 104 | Certificate of Compliance with Advertising Rules | 1 | N/A | 1 | 3/1 | State | U |
| | 105 | Certificate of Deposit | 0 | 0 | 0 | | State | |
| | 106 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | | State | |
| | 107 | Form B Supplement Fees Between Insurers & Affiliates | 1 | N/A | N/A | 4/15 | State | M |
| | 108 | Form B Holding Company Registration | 1 | N/A | N/A | 4/15 | Company | S |
| | 109 | Form C Summary of Registration | 1 | N/A | N/A | 4/15 | Company | S |
| | 110 | Form F | 1 | N/A | xxx | 5/1 | State | G, H(a) |
| | 111 | Premium Tax | 1 | 0 | 1 | 3/1 | State | Q |
| | 112 | Signed Jurat – Annual | 3 | 0 | xxx | 3/1 | NAIC | G, L |
| | 113 | Signed Jurat – Quarterly | 2 | 0 | xxx | 5/15, 8/15, 11/15 | NAIC | G, L |
| | 114 | State Filing Fees | 1 | 0 | 1 | 7/1 | State | C,O |
| | 115 | TPA Affidavit | 1 | N/A | N/A | 3/1 | State | G, H(a) |
| | 116 | Updated Biographical Affidavits | 1 | N/A | N/A | 3/1, 5/15, 8/15, 11/15 | Company | G, H(a) Domestic ONLY |

*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 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 updated 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. Consistent with the Form B filing requirements, 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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm