

PROPERTY & CASUALTY INSURERS

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" x 14")	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)
	3	Protected Cell Annual Statement	3	0	xxx	3/1	NAIC	G, H(a), I, L, N(b)
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	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	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	M, N(b)
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	M
	15	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	M
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	M
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	M
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	M
	21	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	22	Management Discussion & Analysis	2	EO	xxx	4/1	Company	N(b)
	23	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	24	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	25	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	M
	26	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	N(b)
	27	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	N(b)
	28	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	M
	29	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(b)
	30	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	31	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
	32	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	33	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	M
	34	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	35	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	36	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	M
	37	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, 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	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	

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			Domestic		Foreign			
			State	NAIC	State			
	71	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	N(d)
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(b)
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	1	N/A	N/A	12/1	Company	N(d)
	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	Within 10 days of CPA Discovery	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	J
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	J
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	J
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	3/1	Company	J
V. STATE REQUIRED FILINGS***								
	101	Application for Renewal of C of A	1	N/A	1	7/1	State	G, N(c)
	102	Basket Clause	1	N/A	N/A	3/1	State	T
	103	Certificate of Compliance	0	0	0		State	
	104	Certificate of Deposit	0	0	0		State	
	105	Filings Checklist (with Column 1 completed)	0	0	0		State	
	106	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	N/A	4/15	State	M
	107	Form B Holding Company Registration	1	N/A	N/A	4/15	Company	S
	108	Form C Summary of Registration	1	N/A	N/A	4/15	Company	S
	109	Form F	1	N/A	xxx	5/1	State	G, H(a)
	110	Premium Tax	1	0	1	3/1	State	Q
	111	Signed Jurat – Annual	3	0	xxx	3/1	NAIC	G, L
	112	Signed Jurat – Quarterly	2	0	xxx	5/15, 8/15, 11/15	NAIC	G, L
	113	State Filing Fees	1	0	1	7/1	State	C, O
	114	TPA Affidavit Pursuant to §376.1084 RSMo	1	N/A	N/A	3/1	State	G, H(a)
	115	Updated Biographical Affidavits	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	NAIC	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