

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2021

(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	NAI C	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	EO	EO	xxx	3/1	NAIC	B(c), G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	B(c), G, H(a), I, L, N(a)
	3	Protected Cell Annual Statement	EO	0	xxx	3/1	NAIC	B(c), G, H(a), I, L, N(a)
	4	Combined Annual Statement (8 ½" x 14")	EO	EO	xxx	5/1	NAIC	B(c), G, H(a), I, L, N(a)
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	M
	12	Actuarial Opinion	EO	EO	xxx	3/1	Company	G, J(a), N(a), N(d)
	13	Actuarial Opinion Summary	EO	N/A	xxx	3/15	Company	G, N(a)
	14	Bail Bond Supplement	EO	EO	xxx	3/1	NAIC	M
	15	Combined Insurance Expense Exhibit	EO	EO	xxx	5/1	NAIC	M
	16	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	M
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	EO	EO	xxx	4/1	NAIC	M
	18	Director and Officer Insurance Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	19	Financial Guaranty Insurance Exhibit	EO	EO	xxx	3/1	NAIC	M
	20	Insurance Expense Exhibit	EO	EO	xxx	4/1	NAIC	M
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	EO	EO	xxx	4/1	NAIC	M
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	EO	EO	xxx	4/1	NAIC	M
	23	Long-Term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	M
	24	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	N(a)
	25	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	26	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	M
	27	Premiums Attributed to Protected Cells Exhibit	EO	EO	xxx	3/1	NAIC	M
	28	Private Flood Insurance Supplement	EO	EO	xxx	4/1	NAIC	M
	29	Reinsurance Attestation Supplement	EO	EO	xxx	3/1	Company	G, H(a), N(a)
	30	Exceptions to Reinsurance Attestation Supplement	EO	N/A	xxx	3/1	Company	N(a)
	31	Reinsurance Summary Supplemental	EO	EO	xxx	3/1	NAIC	M
	32	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	B(c), G, H(a), I, L, N(a), X
	33	Schedule SIS	EO	N/A	N/A	3/1	NAIC	M
	34	Supplement A to Schedule T	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M

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	35	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	B(c), X
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	xxx	4/1	NAIC	M
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	EO	EO	xxx	4/1	NAIC	M
	38	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	M
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	EO	EO	xxx	3/1	NAIC	M
	40	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, H(a), 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	
	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	J, N(a)
	82	Audited Financial Reports	EO	EO		6/1	Company	J, N(a), N(c)
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A		Company	H(a), J
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	EO	N/A	N/A		Company	N(a), N(c)
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	R
	87	Notification of Adverse Financial Condition	EO	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	N/A	3/1	Company	J(b)
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	N/A	3/1	Company	J(a)
	90	Relief from the Requirements for Audit Committees	EO	EO	N/A	3/1	Company	J(a)
	91	Request to File Consolidated Audited Annual Statements	EO	N/A	N/A		Company	J(a)
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A		Company	J(a)
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	

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	103	Filings Checklist (with Column 1 completed)	0	0	0		State	
	104	Premium Tax	1	0	1	3/1	State	A, Q
	105	Signed Jurat – Annual	1	0	xxx	3/1	NAIC	B(c), G, H(a), L
	106	Statement of Basket Clause (MO 375-0097)	EO	N/A	N/A	3/1	State	B(c), M, T,
	107	Affidavit regarding Third Party Administrator	EO	N/A	N/A	3/1	State	B(c), G, H(a)
	108	Supplement to Page 19 of the Annual Statement	EO	N/A	1	3/1	State	W
	109	Updated Biographical Affidavits	EO	N/A	N/A	3/1, 5/15, 8/15, 11/15	NAIC	B(c), G, H(a), V, X, Domestic Only
	110	MO Medicare Supplement Insurance Experience Report	EO	N/A	1	4/1	State	M
	111	Form B Supplement Fees Between Insurers and Affiliates	EO	N/A	N/A	5/1	State	B(c), G, H(b), S, X
	112	Form B Holding Company Registration	EO	N/A	N/A	5/1	Company	B(c), X
	113	Form C Summary of Registration	EO	N/A	N/A	5/1	Company	B(c), G, H(b), S, X
	114	Form F – Enterprise Risk Report ****	EO	N/A	xxx	5/1	State	B(c), G, H(a), S, X
	115	Signed Jurat – Quarterly	1	0	xxx	5/15, 8/15, 11/15	NAIC	B(c), G, L
	116	Corporate Governance Annual Disclosure***	EO	N/A	N/A	6/1	Company	B(c), G, H(b), X
	117	State Filing Fees	EO	0	1	7/1	State	C, O
	118	Application for Renewal of C of A	EO	N/A	1	7/1	State	G, H(a), N(b)
	119	ORSA *****	1	N/A	N/A	2020	Company	B(c), G, H(b), X

*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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm