

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		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		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		3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO		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