**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)APPLICABLENOTES |
| --- | --- | --- | --- | --- | --- | --- |
| Domestic | Foreign |
| State | NAIC | State |
|  |  | **I. NAIC FINANCIAL STATEMENTS** |  |
|  | 1 | Annual Statement (8 ½” x 14”) | 1 | EO | XXX | 3/1 | NAIC | **B, E-2, F, L, Q, R** |
|  | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 1 | EO | XXX | 3/1 | NAIC |
|  | 2 | Quarterly Financial Statement (8 ½” x 14”)  | 1 | EO | XXX | 5/15, 8/15, 11/15 | NAIC |
|  | 3 | Protected Cell Annual Statement | 1 | 0 | XXX | 3/1 | NAIC |
|  | 4 | Combined Annual Statement (8 ½” x 14”)  | 1 | EO | XXX | 5/1 | NAIC |
|  |  |  |  |  |  |  |  |  |
|  |  | **II. NAIC SUPPLEMENTS** |  |
|  | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | **R-1** |
|  | 12 | Actuarial Opinion | 1 | EO | XXX | 3/1 | Company |
|  | 13 | Actuarial Opinion Summary | 1 | N/A | XXX | 3/15 | Company |
|  | 14 | Bail Bond Supplement | 1 | EO | XXX | 3/1 | NAIC |
|  | 15 | Combined Insurance Expense Exhibit | 1 | EO | XXX | 5/1 | NAIC |
|  | 16 | Credit Insurance Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC |
|  | 17 | Cybersecurity and Identity Theft Insurance Coverage Supplement | 1 | EO | XXX | 4/1 | NAIC |
|  | 18 | Director and Officer Insurance Coverage Supplement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC |
|  | 19 | Financial Guaranty Insurance Exhibit | 1 | EO | XXX | 3/1 | NAIC |
|  | 20 | Insurance Expense Exhibit | 1 | EO | XXX | 4/1 | NAIC |
|  | 21 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 1 | EO | XXX | 4/1 | NAIC |
|  | 22 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 1 | EO | XXX | 4/1 | NAIC |
|  | 23 | Long-Term Care Experience Reporting Forms | 1 | EO | XXX | 4/1 | NAIC |
|  | 24 | Management Discussion & Analysis | 1 | EO | XXX | 4/1 | Company |
|  | 25 | Medicare Part D Coverage Supplement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC |
|  | 26 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | XXX | 3/1 | NAIC |
|  | 27 | Premiums Attributed to Protected Cells Exhibit | 1 | EO | XXX | 3/1 | NAIC |
|  | 28 | Reinsurance Attestation Supplement | 1 | EO | XXX | 3/1 | Company |
|  | 29 |  Exceptions to Reinsurance Attestation Supplement | 1 | N/A | XXX | 3/1 | Company |
|  | 30 | Reinsurance Summary Supplemental | 1 | EO | XXX | 3/1 | NAIC |
|  | 31 | Risk-Based Capital Report | 1 | EO | XXX | 3/1 | NAIC |
|  | 32 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC |
|  | 33 | Supplement A to Schedule T | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC |
|  | 34 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC |
|  | 35 | Supplemental Health Care Exhibit (Parts 1, 2 and 3)  | 1 | EO | XXX | 4/1 | NAIC |
|  | 36 | Supplemental Health Care Exhibit’s Allocation Report Supplement | 1 | EO | XXX | 4/1 | NAIC |
|  | 37 | Supplemental Investment Risk Interrogatories | 1 | EO | XXX | 4/1 | NAIC |
|  | 38 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 1 | EO | XXX | 3/1 | NAIC |
|  | 39 | Trusteed Surplus Statement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC |
|  |  |  |  |  |  |  |  |  |
|  |  | III. ELECTRONIC FILING REQUIREMENTS |  |
|  | 61 | Annual Statement Electronic Filing | XXX | EO | XXX | 3/1 | NAIC | **R-1** |
|  | 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 | **R-1** |
|  | 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 | 1 | EO | N/A | 6/1 | Company |  |
|  | 82 | Audited Financial Reports | 1 | EO | XXX | 6/1 | Company |  |
|  | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A |  | Company | **J** |
|  | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company |  |
|  | 85 | Independent CPA (change) | 1 | N/A | N/A |  | Company |  |
|  | 86 | Management’s Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company |  |
|  | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A |  | Company | **B, E-2** |
|  | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | XXX | 3/1 | Company |  |
|  | 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 to File Consolidated Audited Annual Statements | 1 | N/A | N/A |  | Company |  |
|  | 92 | Request for Exemption to File Management’s Report of Internal Control Over Financial Reporting | 1 | N/A | N/A |  | Company | **J** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **V. STATE REQUIRED FILINGS\*\*\*** |  |
|  | 101 | Corporate Governance Annual Disclosure\*\*\* | 1 | 0 | XXX | 6/1 | Company |  |
|  | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | XXX | 3/1 | State |  |
|  | 103 | Form B-Holding Company Registration Statement | 1 | 0 | XXX | 6/30 | See Website | [**Holding Company Forms**](http://doi.nv.gov/Insurers/Company-Admissions/Holding-Company-Forms/) |
|  | 104 | Form F-Enterprise Risk Report \*\*\*\* | 1 | 0 | XXX | As Required | Company |  |
|  | 105 | ORSA \*\*\*\*\* | 1 | 0 | XXX | As Required | Company |  |
|  | 106 | Premium Tax | XXX | 0 | XXX | See Notes | State | **D , R** |
|  | 107 | State Filing Fees | 1 | 0 | 1  | 3/1 | State | **C , E-1 , O , R** |
|  | 108 | Signed Jurat | 1 | 0 | XXX | 3/1 See Notes | NAIC | **B , E-2 , F , L , N , Q , R****Domestic companies - See L** The submitted Jurat page must be signed, or an additional signed Jurat page must be filed with the hardcopy Annual Statement, or electronically with your assigned DOI analyst. |
|  | 109 |  |  |  |  |  |  |  |
|  | 110 |  |  |  |  |  |  |  |
|  | 111 |  |  |  |  |  |  |  |
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**\*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>

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|  |  | **NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)** |  |
|  | A | **Required Filings Contact:****Statutory Deposit Contact:** | Laura O’Connor loconnor@doi.nv.gov (775) 687-0745 Denise Costello dcostello@doi.nv.gov (775) 687-0752For other contact information: **See “Q”** |
|  | B | Electronic Financial Filing Submission Portal:Mailing Address: for **Filings**:for NAIC Checklist Requirements –**Do** **Not** file through SERFF | For **Domestic Companies, Companies not filing with NAIC, Accredited Reinsurers and Purchasing Groups:**[www.doi.nv.gov/Insurers/](http://doi.nv.gov/Insurers/)Documents eligible for submission through the portal will have a “**SUBMIT**” link. Certain documents may not be submitted through the portal and must be submitted either by hard copy or email to the department. Please do not mail in hard copies of filings submitted through this portal.Department “A”Nevada Division of InsuranceCorporate and Financial Affairs 1818 East College Pkwy, Suite 103Carson City, NV 89706**For all other companies:**Nevada Division of InsuranceCorporate and Financial Affairs 1818 East College Pkwy, Suite 103Carson City, NV 89706*Use a delivery confirmation for proof of receipt for filings or payments.* |
|  | C | Electronic Company Invoice Service Portal:Mailing Address for Filing Fees:(Annual Renewal Payments) Does Not apply toindividuals/ agencies/ entitieslicensed under NRS 683A or NRS 692 | [www.doi.nv.gov/Insurers/](http://doi.nv.gov/Insurers/)Company invoices are available for viewing via the Company Invoice Service Portal. Nevada Division of InsuranceCorporate and Financial Affairs 1818 East College Pkwy, Suite 103Carson City, NV 89706Mail payment with invoice - separate from filing.Make checks payable to: Nevada Division of Insurance.[See Annual Renewal Requirements](http://doi.nv.gov/Insurers/Company-Admissions/Annual-Renewals-of-Company-License/) for more information.*Use a delivery confirmation for proof of receipt for filings or payments.* |
|  | D | Mailing and Filing Address for**Premium Tax Original Filings and** **Premium Tax Payments**:For all companies except Captives For Captives | Nevada Department of Taxation1550 College Parkway, Ste. 115Carson City, NV 89706(775)-684-2128premiumtax@tax.state.nv.us [Premium Tax forms](http://tax.nv.gov/Forms/Insurance_Premium_Tax_Forms/)**Exception: Captives**  mail to: Nevada Division of Insurance Corporate & Financial Affairs/Captives1818 East College Pkwy, Suite 103Carson City, NV 89706 |
|  | E | Delivery Instructions:Does Not apply toindividuals/ agencies/ entitieslicensed under NRS 683A or NRS 692*Filings Must Be Legible*  | **The due date is March 1st.** **The Division will consider 2019 filings and payments postmarked on or before March 1st as being timely submitted.**1. Send Annual Renewal **Payments** to the Nevada Division of Insurance Carson City office – **See “C”**2. Send **Annual Statement or Jurat** Filings to Carson City – **See “B”**3. File Required Industry Reports through SERFF or mail to Life/Health or Property/Casualty section. **See “Q”** |
|  | F | Late Filings: | Company will be fined $100 per day to a maximum of $3,000 for late filings (received or postmarked after 3/2/2020), or as required by statute. |
|  | G | Original Signatures: | **Domestic companies**: original signatures are required on all filings.**Foreign companies**: follow NAIC Annual Statement Instructions. |
|  | H | Signature/Notarization/Certification: | The President and Secretary are required to sign the annual statement, or, in the absence of one, two other principal officers may sign. |
|  | I | Amended Filings: | **Domestic companies**: file within 10 days of amendment and include an explanation of the amendment(s). Signature requirements listed apply to any amendment. **See “G”** **Foreign companies: Do not file** with the Nevada Division of Insurance. (Amended filings are filed electronically with the NAIC.) |
|  | J | Exceptions from normal filings: | **Domestic companies**: Apply at least 30 days prior to the due date.**Foreign companies**: file **only** for Nevada required filings - supply a written copy of any exemption or extension received from your state of domicile at least 10 days prior to the filing due date. |
|  | K | Bar Codes (State or NAIC): | Follow the instructions in the NAIC Annual Statement Instructions. |
|  | L | Signed Jurat: | **Foreign Companies**: Do Not File Jurat Page.Do Not Send hard copy of Annual Statement, if Annual Statement is filed with the state of domicile and electronically with the NAIC.**Domestic companies:** The submitted Jurat page must be signed, or an additional signed Jurat page must be filed with the hardcopy Annual Statement, or electronically with your assigned DOI analyst).**See “B”** for mailing instructions. |
|  | M | NONE Filings: | All pages must be included. “None Page” allowed. |
|  | N | Filings new, discontinued or modified materially since last year: | **Modified: Domestic companies:** The submitted Jurat page must be signed, or an additional signed Jurat page must be filed with the hardcopy Annual Statement, or electronically with your assigned DOI analyst. **See “R”** for additional notes. |
|  | O | Late payment penalty: | Company will be fined a maximum of $2,000 for late payment of annual renewal fee, or as required by statute. |
|  | P | Publication of annual statement contact information in NV newspapers. | This is a requirement of the Nevada Secretary of State. See [Annual Statement Publication in a NV Newspaper](http://doi.nv.gov/Insurers/Company-Admissions/Annual-Statement-Filings/) for more information. |
|  | Q | Contact and Mailing Address for Required Industry Reportsfilings:(file through SERFF) | Please refer to the appropriate section of **Required Industry Report** for contact and mailing information concerning filings. Do Not File withNAIC checklist items.Required Industry Reports can be found at:**For** [Property/Casualty](http://doi.nv.gov/Insurers/Property-Casualty/Required-Industry-Reports/)**For** [Life/Health](http://doi.nv.gov/slh/r_lhrr.aspx) |
|  | R | Additional Notes: | 1. **Domestic Companies:** **See “L” and “N”,** also - supplements listed in section II are not required, **if** included with the annual statement listed in section I.2. **Foreign Companies:** See section V for required filing.Do not file any items listed in sections I, II, III, or IV-as applicable. 3. Fund for Administration and Enforcement annual fee (A&E) is included on the Certificate renewal invoice. See[Renewal Fee Chart](http://doi.nv.gov/Insurers/Company-Admissions/Company-License-Annual-Renewals/):  **Exception:** **Service Contract Providers** will receive an invoice for the A&E, due March 1st, separate from their renewal fee invoice.4. Bulletin 09-003 has been replaced by Bulletin 11-015. Copies of the annual Premium Tax and Annuity filings sent to Department of Taxation **are no longer required** to be sent to the Division of Insurance. |
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**General Instructions**

**For Companies to Use Checklist**

Please Note: This state’s instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

**Column (1) Checklist**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an “x” in this column when submitting information to the state.

**Column (2) Line #**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) Required Filings**

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions.* This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital.PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions.*

The ***Supplemental.PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement.PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement.PDF Filing*** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) Number of Copies**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) Due Date**

Indicates the date on which the company must file the form.

**Column (6) Form Source**

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions.*

**Column (7) Applicable Notes**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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