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* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
		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	Private Flood Insurance Supplement	1	EO	XXX	4/1	NAIC	
	29	Reinsurance Attestation Supplement	1	EO	XXX	3/1	Company	
	30	Exceptions to Reinsurance Attestation Supplement	1	N/A	XXX	3/1	Company	
	31	Reinsurance Summary Supplemental	1	EO	XXX	3/1	NAIC	
	32	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	33	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	34	Supplement A to Schedule T	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	35	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	XXX	4/1	NAIC	
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	
	38	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	1	EO	XXX	3/1	NAIC	
	40	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	1	EO	XXX	3/1	NAIC	**R-1**
	62	March .PDF Filing	1	EO	XXX	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	1	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	1	EO	N/A	3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	1	EO	XXX	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	1	EO	XXX	5/1	NAIC	
	67	Supplemental Electronic Filing	1	EO	XXX	4/1	NAIC	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
	68	Supplemental .PDF Filing	1	EO	XXX	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	1	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**
	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**
	109							
	110							
	111							

***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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	**Required Filings and Statutory Deposit Contact:**	Finances@doi.nv.gov For other contact information: **See "Q"**
	B	Electronic Financial Filing Submission Portal: For NAIC Checklist Requirements **Do Not** file through SERFF	For **Domestic Companies, Companies not filing with NAIC, Accredited Reinsurers and Purchasing Groups:** https://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 by email to the department. Please do not mail in hard copies of filings submitted through this portal.
	C	**Payment of Filings Fees** Electronic Company Invoice Service Portal: Annual Renewal Payments: Does Not apply to individuals/ agencies/ entities licensed under NRS 683A or NRS 692	https://doi.nv.gov/Insurers/ Company invoices are available for viewing via the Company Invoice Service Portal. **New for 2021 – Payment information is included on the company invoice.**
	D	Mailing and Filing Address for **Premium Tax Original Filings and Premium Tax Payments**: For all companies except Captives:	Nevada Department of Taxation 1550 College Parkway, Ste. 115 Carson City, NV 89706

			(775)-684-2128 premiumtax@tax.state.nv.us Premium Tax forms
		For Captives: Payment Mailing Address:	Attn: Division of Insurance, Captive Premium Tax 1818 E. College Parkway, Suite 103 Carson City, NV 89706
		Filing Submissions and Payments via Electronic Portal:	https://doi.nv.gov/Insurers/
		Premium Tax Form:	https://doi.nv.gov/Captive-Insurance/Forms/
		Captive Contact:	**captives@doi.nv.gov**
	E	Delivery Instructions: Does Not apply to individuals/ agencies/ entities licensed under NRS 683A or NRS 692 *Filings Must Be Legible*	**The due date is March 1st. The Division will consider 2020 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 3/2/2021), or as required by statute.
	G	Original Signatures:	**Domestic companies**: original signatures are required on all filings.

			Original signatures include those that qualify as verifiable electronic signatures. **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. **Original signatures and notarizations can include the use of verifiable electronic signatures and electronic notarizations.**
	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, and filed 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 filings must be signed, and filed 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 for more information.
	Q	Contact and Mailing Address for Required Industry Reports filings: (file through SERFF)	Please refer to the appropriate section of **Required Industry Report** for contact and mailing information concerning filings. Do Not File with NAIC checklist items. Required Industry Reports can be found at: **For** Property/Casualty

			For Life/Health
	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:

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.

w:\qa\blanks\checklists\2020 filings made in 2021\3 propcklist_2020_filingsmade2021.docx