

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2019

(1) Check- list	(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				
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	1	EO	xxx	3/1	NAIC	B
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	B
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	B
	3	Protected Cell Annual Statement	0	0	0	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	0	EO	0	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	B
	12	Actuarial Opinion	1	EO	xxx	3/1	Company	B
	13	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	B
	14	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	B
	15	Combined Insurance Expense Exhibit	0	EO	0	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	B
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	B
	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	B
	20	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	B
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	xxx	4/1	NAIC	B, N
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	xxx	4/1	NAIC	B, N
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	B
	24	Management Discussion & Analysis	1	EO	N/A	4/1	Company	B
	25	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B
	26	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	B
	27	Premiums Attributed to Protected Cells Exhibit	0	EO	0	3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	B
	29	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	B
	30	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	B
	31	Risk-Based Capital Report	1	EO	0	3/1	NAIC	B
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	B
	33	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	B
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	B
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	B
	37	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	B
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	1	EO	xxx	3/1	NAIC	B
	39	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B
		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	1	EO	N/A	6/1	Company	B
	82	Audited Financial Reports	1	EO	N/A	6/1	Company	B
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	B
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	B
	85	Independent CPA (change)	1	N/A	N/A		Company	B
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	B
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	B
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	B
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	B
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	B
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	B
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	0	0	0		Company	B
	102	Filings Checklist (with Column 1 completed)	0	0	0			
	103	Form B-Holding Company Registration Statement	1	0	0	6/1	Company	O
	104	Form F-Enterprise Risk Report ****	1	0	0		Company	B
	105	ORSA *****	1	0	0		Company	B
	106	Premium tax	1	0	1	3/1, 5/15, 8/15,11/15	State	A,D,N
	107	State Filing Fees	1	0	1	3/1	State	C,N,P
	108	Signed Jurat	0	0	1	3/1	NAIC	L
	109	Documentation for Premium Tax Return	1	0	1	3/1	Company	Q
	110	Alabama Business Page	1	1	1	3/1	NAIC	R
	111	Retaliatory Tax Statement	0	0	1	3/1	State	D, N
	112	Office Facilities Worksheet	1	0	1	3/1	State	D
	113	Coastal Credit Worksheet	1	0	1	3/1	State	D
	114	Fraud Unit Assessment	1	0	1	6/1	State	C

*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 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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	<p>Required Filings Contact Persons:</p> <p>Financial Filings:</p> <p>Shelia Travis, Chief Financial Analyst 334-241-4160 shelia.travis@insurance.alabama.gov</p> <p>Premium Tax Filings:</p> <p>LaKisha Hardy, Senior Accountant 334-241-4114 lakisha.hardy@insurance.alabama.gov</p>	
	B	<p>Mailing Address:</p> <p>Fees: See note C</p> <p>Annual Statement hard copy filing not required for foreign insurers.</p> <p>All other Filings:</p> <p>AL Dept. of Insurance AL Dept. of Insurance P.O. Box 303351 201 Monroe Street, Suite 502 Montgomery, AL 36130-3351 Montgomery, AL 36104</p>	
	C	<p>Filing Fees:</p> <p>Certificate of Authority Renewal Fee: \$505.00, \$1,005.00, or \$1,505.00</p> <p>Reciprocals: \$505.00</p> <p>Companies Licensed to Write: Property Only, Casualty Only, or Disability Only - \$505.00 If Licensed to write Property and Casualty - \$1,005.00 If Licensed to write Property, Casualty and Disability - \$1,505.00</p> <p>Annual Statement Filing Fee: \$25.00 The Renewal Fee and Filing Fee must be submitted with the Premium Tax return.</p> <p>Insurers must file their premium tax returns and pay premium tax, COA renewal fee and the annual statement filing fee through the NAIC OPTins program.</p> <p>The \$950.00 Audit & Exam Fee, which is due March 1st must be remitted along with the premium tax filing via the NAIC OPTins program.</p> <p>The \$200.00 Fraud Unit Assessment, which is due June 1st must be attached to a completed transmittal Form PZ http://www.aldoi.gov/PDF/Companies/FormPZ.pdf and mailed to:</p> <p>Postal Service: Courier Service: Alabama Department of Insurance Alabama Department of Insurance c/o Compass Bank c/o Compass Bank PO. Box 830707 701 South 32nd Street Birmingham, AL 35283-0707 Birmingham, AL 35233</p>	

D	<p>Premium Tax Payments:</p> <p>Insurers must file their premium tax returns and pay premium tax, COA renewal fee, the annual statement filing fee and audit and exam fee electronically through the NAIC OPTins program at http://www.optins.org/</p>	
E	<p>Delivery Instructions:</p> <p>All Filings must be received no later than the due date. The postmark date will not be accepted as the filing date. If the due date falls on a weekend or holiday, the due date is the next business day.</p>	
F	<p>Late Filings:</p> <p>Annual Statements: The fine is \$250.00 and the company's Certificate of Authority can be suspended or revoked for failure to timely file. Premium Tax Returns and Premium Tax: The fine is \$1,000-\$10,000 for late Filings and Payment.</p>	
G	<p>Original Signatures:</p> <p>Original signatures are required on all Filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p>	
H	<p>Signature/Notarization/Certification:</p> <p>The President or Vice President and Secretary or Actuary are required to sign the Annual Statement. Must be notarized.</p>	
I	<p>Amended Filings:</p> <p>Amended Annual Statements filed by domestic companies must be properly bound and mailed along with an explanation of the Amendments to: 201 Monroe Street, Suite 502, Montgomery, AL 36104.</p>	
J	<p>Exceptions from normal filings:</p> <p>Annual Statements: An extension of up to 30 days can be granted only if the request is made in writing and good cause is shown. Foreign companies must furnish a copy of home state approval along with their written request for extension.</p> <p>Audited Financial Statements: Requests for extension, exemption and to file on a consolidated basis must be made in writing at least 10 days prior to the due date. Premium Tax Returns and Premium Tax: No extensions.</p>	
K	<p>Bar Codes (State or NAIC)</p> <p>The NAIC Annual Statement Instructions should be followed.</p>	
L	<p>Signed Jurat:</p> <p>Email along with premium tax documentation to: premiumtax@insurance.alabama.gov Or attach with premium tax documentation to OPTins filings. DO NOT submit hard copy signed jurat page.</p>	

M	<p>NONE Filings:</p> <p>The NAIC Annual Statement Instructions should be followed.</p>	
N	<p>Filings new, discontinued or modified materially since last year:</p> <p>-Premium tax and applicable fees now must be paid via the NAIC OPTins program at https://www.optins.org/ as per the AL Dept of Insurance regulation 482-1-144 http://www.aldoi.gov/PDF/Legal/144-2008.pdf and bulletin 2018-03 http://www.aldoi.gov/pdf/legal/ALDOI%20Bulletin%20No.%202018-03.pdf effective 10/1/2018.</p> <p>- Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit</p> <p>- Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form</p> <p>-Application for COA Renewal is no longer required</p>	
O	<p>Domestic companies are required to file a Holding Company Registration Statement and pay a \$500.00 filing fee no later than June 1. It should be mailed to the Alabama Department of Insurance, 201 Monroe Street, Suite 502, Montgomery, AL 36104.</p>	
P	<p>State Specific forms are located on the Insurance Department Website at http://www.aldoi.gov/Companies/Forms.aspx</p>	
Q	<p>DO NOT SEND HARD COPIES OF THE DOCUMENTATION.</p> <p>All premium tax credits/deductions taken on the annual premium tax return should be documented with copies of cancelled checks and privilege tax returns (1st page only), ad valorem tax notices, guaranty fund and Alabama Health Insurance Plan assessment notices, invoices. DO NOT send prior year tax returns as supporting documentation. Premiums which are taxed at less than the maximum should be documented with detailed policy runs. Documentation must be emailed to: premiumtax@insurance.alabama.gov Or attached with premium tax documentation to OPTins filings. NO secure links to the documentation. If mailing tax form and payment. The subject line of the email must have the name of the company and the year.</p> <p>When paying premium tax via NAIC OPTins EFT and premium tax supporting documentation is attached to OPTins filing. DO NOT email it too. One submission is sufficient.</p>	
R	<p>The Alabama business page should be emailed along with premium tax documentation to premiumtax@insurance.alabama.gov Or attached with premium tax documentation to OPTins filings.</p>	
S	<p>The AL Dept. of Insurance does not furnish a form. Regulation Number 132 (Chapter 482-1-132.10(3)) located at http://www.aldoi.gov/Legal/Regulations.aspx , states what the company should include in the Certificate which it prepares</p>	

**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 *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts.PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

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

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

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

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

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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