

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **IDAHO** Filings Made During the Year 2016

(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 1/2" x 14")	2	EO	XXX	3/1	NAIC	See Notes E,F,G&L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	XXX	5/15, 8/15, 11/15	NAIC	See Note O
	3	Protected Cell Annual Statement	2	0	XXX	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	XXX	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	EO	XXX	4/1	NAIC	
	11	Actuarial Opinion	2	EO	XXX	3/1	Company	
	12	Actuarial Opinion Summary	2	N/A	XXX	3/15	Company	
	13	Bail Bond Supplement	2	EO	XXX	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	XXX	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	XXX	4/1	NAIC	
	16	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	XXX	4/1	NAIC	See Note N
	17	Director and Officer Insurance Coverage Supplement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	18	Exceptions to Reinsurance Attestation Supplement	2	N/A	XXX	3/1	Company	
	19	Financial Guaranty Insurance Exhibit	2	EO	XXX	3/1	NAIC	
	20	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	XXX	4/1	NAIC	
	21	Health Care Exhibit's Allocation Report Supplement	2	EO	XXX	4/1	NAIC	
	22	Investment Risk Interrogatories	2	EO	XXX	4/1	NAIC	
	23	Insurance Expense Exhibit	2	EO	XXX	4/1	NAIC	
	24	Long-Term Care Experience Reporting Forms	2	EO	XXX	4/1	NAIC	
	25	Management Discussion & Analysis	2	EO	XXX	4/1	Company	
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	XXX	3/1	NAIC	
	27	Medicare Part D Coverage Supplement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Premiums Attributed to Protected Cells Exhibit	2	EO	XXX	3/1	NAIC	
	29	Reinsurance Attestation Supplement	2	EO	XXX	3/1	Company	
	30	Reinsurance Summary Supplemental	2	EO	XXX	3/1	NAIC	
	31	Risk-Based Capital Report	2	EO	XXX	3/1	NAIC	
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	33	Supplement A to Schedule T	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	35	Trusteed Surplus Statement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	2	EO	XXX	6/1	Company	
	82	Audited Financial Reports	2	EO	XXX	6/1	Company	

83	Audited Financial Reports Exemption Affidavit	0	N/A	XXX		Company	
84	Communication of Internal Control Related Matters Noted in Audit	2	N/A	XXX	8/1	Company	
85	Independent CPA (change)	2	N/A	N/A		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		Company	
88	Request for Exemption to File	1	N/A	N/A		Company	
89	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
90	Relief from the five-year rotation requirement for lead audit partner	2	EO	XXX	3/1	Company	
91	Relief from the one-year cooling off period for independent CPA	2	EO	XXX	3/1	Company	
92	Relief from the Requirements for Audit Committees	2	EO	XXX	3/1	Company	
V. STATE REQUIRED FILINGS***							
101	Certificate of Compliance	0	0	1	3/1	State	See Note P
102	Certificate of Deposit	0	0	1	3/1	State	See Note Q
103	Filings Checklist (with Column 1 completed)	0	0	0	3/1	State	
104	Premium Tax	1	0	1	3/1	State	See Note R
105	State Filing Fees	1	0	1	3/1 Continuation Fee	State	See Note R
106	Signed Jurat	2	0	1	3/1	NAIC	See Note L
107	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers	1	0	1	3/1	State	See Note S
108	Investment Limitations Analysis	2	0	0	3/1	State	See Note T
109	Business Plan	2	0	0	5/1	Company	See Note T

*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

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Financial Statements:	Carol Anderson (208) 334-4309 carol.anderson@doi.idaho.gov
	Premium Taxes & Continuation Fees:	Kathy Miller (208) 334-4282 kathy.miller@doi.idaho.gov
	Annual Small Group and Individual Assessment Base Survey:	Scott Frost (208) 334-4277 scott.frost@doi.idaho.gov
B	Mailing Address:	Street Address: Idaho Department of Insurance 700 West State Street 3 rd Floor Boise, ID 83720-0043 Mailing Address: Idaho Department of Insurance PO Box 83720 Boise, ID 83720-0043
C	Mailing Address for Filing Fees:	Same as above
D	Mailing Address for Premium Tax Payments:	Same as above
E	Delivery Instructions:	All <u>hardcopy</u> filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Foreign company electronic filings will be deemed filed based on the date the NAIC marks the filing as received. Electronic filings that are initially rejected due to validation errors and subsequently marked received when accepted by the NAIC may be subject to late filing penalties. Foreign company filings submitted to the Department in lieu of being filed electronically with the NAIC, will be deemed filed based on the postmark. Domestic hardcopy filings will be deemed filed based on the postmark date. Companies will be fined \$25.00 per day for a late filing.

G	Original Signatures:	Required for domestic companies. Not Required for foreign companies
H	Signature/Notarization/Certification:	Required for domestic companies. Not Required for foreign companies
I	Amended Filings:	Required for domestic companies. Not Required for foreign companies.
J	Exceptions from normal filings:	For annual statement filings, requests for extensions for a period of 30 days or less beyond the regular due date or exemptions will not be required provided the domiciliary state has granted the extension or exemption and notified the NAIC. Extensions beyond 30 days will require written request for extension prior to expiration of the initial 30 day period, and domiciliary approval. Foreign insurers need not file extension or exemption requests for quarterly filings.
K	Bar Codes (State or NAIC):	Not Required
L	Signed Jurat: Foreign Companies Submit copy of Jurat page with annual filing only. Do not file quarterly Jurat pages.	Domestics - Original Signature, Notarization/Certification required. FOREIGN COMPANIES – submit copy of Jurat page with the annual filing only. Do not file the Quarterly Jurat.
M	NONE Filings:	See NAIC Annual Statement Instructions for Supplemental Interrogatories.
N	Filings new, discontinued or modified materially since last year:	Cybersecurity and Identity Theft Insurance Coverage Supplement is new since last year
O	Quarterly Financial Statements: Domestics-File two printed statements and any attachments Foreign – Do not file quarterly statements or Jurat pages.	Domestics must file two printed statements and any attachments. FOREIGN COMPANIES – submit copy of Jurat page with the annual filing only. Do not file the Quarterly Jurat.

P	Certificate of Compliance – Foreign Insurers:	Most current Certificate MUST BE PROVIDED with the March 1 filings , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an original ; copies will not be accepted.
Q	Certificate of Deposit – Foreign Insurers:	Most current Certificate MUST BE PROVIDED with the March 1 filings , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an original ; copies will not be accepted.
R	Premium Tax and State Filing Fees (Continuation Fee)	Companies have the option to file these two items electronically through  http://www.doi.idaho.gov/company/filing_requirements.aspx
S	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers. THIS MUST BE FILED ELECTRONICALLY. PLEASE READ FILING INSTRUCTIONS http://www.doi.idaho.gov/company/filing_requirements.aspx	Pool Assessment Base Filing Requirements for the Idaho Small Employer Health Reinsurance Program and Idaho Individual High Risk Reinsurance Pool (Assessment Base Survey) for all Licensed Disability Insurers.
T	Investment Limitations Analysis AND Business/Strategic Plan	These two items are also listed with other requirements on the Domestic Memorandum “Required Filings This Year” emailed to the Company each year.

**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 mailing 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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