

## PROPERTY & CASUALTY INSURERS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: IDAHO 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) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 ½" x 14")	2	EO	xxx	3/1	NAIC	See Notes A,B,G,H,L
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" 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 ½" x 14")	2	EO	xxx	5/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	
	13	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	25	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
	29	Exceptions to Reinsurance Attestation Supplement	2	N/A	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		3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	
	37	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	
	39	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	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	

(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			
	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	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		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		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	Relief from the five-year rotation requirement for lead audit partner	2	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	2	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	2	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	
		<b>V. STATE REQUIRED FILINGS***</b>						
	101	Corporate Governance Annual Disclosure***	2	0	xxx	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	0	0	xxx	3/1	State	
	103	Form B-Holding Company Registration Statement	2	0	xxx	6/1	Company	
	104	Form F-Enterprise Risk Report ****	2	0	xxx	6/1	Company	
	105	ORSA *****	2	0	xxx	See Note V	Company	See Note V
	106	Premium Tax	1	0	1	3/1	State	See Note P
	107	Prepayment of Annual Premium Taxes	1	0	1	6/15,9/15 12/15	State	See Note P
	108 7	State Filing Fees	1	0	1	3/1	State	See Note P
	109 8	Signed Jurat	2	0	1	3/1	NAIC	See Note L
	110	Certificate of Compliance	0	0	1	3/1	Company	See Note Q
	111	Certificate of Deposit	0	0	1	3/1	Company	See Note R
	112	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers	1	0	1	3/1	State	See Note S
	113	Immunization Assessment Survey for Licensed Disability Insurers	1	0	1	3/15	State	See Note T
	114	Investment Limitations Analysis (Idaho Domestic Only)	1	0	0	3/1	State	See Note U
	115	Business Plan (Idaho Domestic Only)	1	0	0	4/1	Company	See Note U
	116	Strategic Plan (Idaho Domestic Only)	1	0	0	4/1	Company	See Note U

\*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](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](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](http://www.naic.org/public_lead_state_report.htm)**

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	
		Financial Statements:	Carol Anderson (208) 334-4309 <a href="mailto:carol.anderson@doi.idaho.gov">carol.anderson@doi.idaho.gov</a>
		Premium Taxes & Continuation Fees:	Terry Easley (208) 334-4282 <a href="mailto:Terry.easley@doi.idaho.gov">Terry.easley@doi.idaho.gov</a>
		Annual Small Group and Individual Assessment Base Survey:	Scott Frost (208) 334-4277 <a href="mailto:Scott.frost@doi.idaho.gov">Scott.frost@doi.idaho.gov</a>
		Immunization Assessment Survey	(208) 334-4330 <a href="mailto:ImmuneAssess@doi.idaho.gov">ImmuneAssess@doi.idaho.gov</a>
	B	Mailing Address:	<b>Street Address:</b> Idaho Department of Insurance 700 West State Street 3rd Floor Boise, ID 83720-0043  <b>Mailing Address:</b> Idaho Department of Insurance PO Box 83720 Boise, ID 83720-0043
	C	Mailing Address for Filing Fees:  <b>MANDATORY ELECTRONIC FILING</b>	<a href="https://doi.idaho.gov/Company/PremiumTax/default">https://doi.idaho.gov/Company/PremiumTax/default</a>
	D	Mailing Address for Premium Tax Payments:  <b>MANDATORY ELECTRONIC FILING</b>	<a href="https://doi.idaho.gov/Company/PremiumTax/default">https://doi.idaho.gov/Company/PremiumTax/default</a>
	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:	<b>Companies will be assessed penalty fees on a daily basis for a late filing.</b>  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.
G	Original Signatures:		Required for domestic companies. <b>Not Required for foreign companies.</b>
H	Signature/Notarization/Certification:		Required for domestic companies. <b>Not Required for foreign companies.</b>
I	Amended Filings:		2 copies required for domestic companies. <b>Not Required for foreign companies.</b>
J	Exceptions from normal filings:		2 copies required for domestic companies. <b>Not Required for foreign companies.</b>
K	Bar Codes (State or NAIC):		Not Required
L	Signed Jurat:		Domestics – Original Signature, Notarization/Certification required. <b>FOREIGN COMPANIES – submit copy of Jurat page with the annual filing only. Do not file the Quarterly Jurat.</b>
M	NONE Filings:		See NAIC Annual Statement Instructions for Supplemental Interrogatories.
N	Filings new, discontinued or modified materially since last year:		None
O	Quarterly Financial Statements: Domestics-File two printed statements and any attachments <b>Foreign – Do not file quarterly statements or Jurat pages</b>		Quarterly Financial Statements Domestics-File two printed statements and any attachments
P	Premium Tax, Prepayment of Annual Premium Taxes and State Filing Fees – Continuation Fees <b>MANDATORY ELECTRONIC FILING</b>		<a href="https://doi.idaho.gov/Comp/any/PremiumTax/default">https://doi.idaho.gov/Comp/any/PremiumTax/default</a>

Q	Certificate of Compliance -Foreign Insurers	Most current Certificate <b>MUST BE PROVIDED with the March 1 filings</b> , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an <b>original</b> ; copies will not be accepted.
R	Certificate of Deposit – Foreign Companies	Most current Certificate <b>MUST BE PROVIDED with the March 1 filings</b> , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an <b>original</b> ; copies will not be accepted.
S	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers. <b>THIS MUST BE FILED ELECTRONICALLY. PLEASE READ FILING INSTRUCTIONS at: <a href="https://doi.idaho.gov/Company/Surveys/default">https://doi.idaho.gov/Company/Surveys/default</a></b>	Pool Assessment Base Filing Requirements for the Idaho Small Employer Health Reinsurance Program & Idaho Individual High Risk Reinsurance Pool (Assessment Base Survey) all Licensed Disability Insurers
T	Immunization Assessment Survey for Licensed Disability Insurers. <b>THIS MUST BE FILED ELECTRONICALLY. PLEASE READ FILING INSTRUCTIONS at: <a href="https://doi.idaho.gov/Company/surveys/immunization">https://doi.idaho.gov/Company/surveys/immunization</a></b>	The Idaho Immunization Assessment is expected to be available after January 15th, 2019, and will be available up to April 1st. Please <u>contact the Department of Insurance</u> with any questions.
U	Investment Limitations Analysis, Business Plan and Strategic Plan  *****DOMESTICS ONLY*****	Investment Limitations Analysis, Business Plan and Strategic Plan  ***DOMESTICS ONLY***
V	ORSA  Per Idaho Code § 41-6305 is due no more than once each year. Or rather, filed once any time before end of 12/31.	Per Idaho Code § 41-6305 is due no more than once each year. Or rather, filed once any time before end of 12/31.

**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\2018 filings made in 2019\4 propcklist\_2018\_filingsmade2019.docx