

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **IDAHO** Filings Made During the Year 2023

(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 ½" x 14")	2	EO	xxx	3/1	NAIC	A, B, E, G, H, L
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	B, E
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	B, E, S
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	B, E
	4	Combined Annual Statement (8 ½" x 14")	2	EO	xxx	5/1	NAIC	B, E
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	B, E
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	B, E
	13	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	B, E
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	B, E
	15	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	B, E
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	B, E
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	B, E
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B, E
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	B, E
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	B, E
	21	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	2		xxx	4/1	NAIC	B, E
	22	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	B, E
	23	Management Discussion & Analysis	2	EO	xxx	4/1	Company	B, E
	24	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B, E
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	B, E
	26	Mortgage Guaranty Insurance Exhibit	2	EO	xxx	4/1	NAIC	B, E
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	B, E
	28	Private Flood Insurance Supplement	2	EO	xxx	4/1	NAIC	B, E
	29	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	B, E
	30	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	B, E
	31	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	B, E
	32	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	B, E
	33	Schedule SIS	2	N/A	xxx	3/1	NAIC	B, E
	34	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B, E
	35	Supplemental Compensation Exhibit		N/A	xxx	3/1	NAIC	B, E
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	B, E
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	B, E
	38	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	B, E
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts		EO	xxx	3/1	NAIC	B, E
	40	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B, E
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	xxx	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	xxx	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	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	2	EO	xxx	6/1	Company	B, E
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	B, E
	83	Audited Financial Reports Exemption Affidavit	1	N/A	xxx		Company	B, E
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	xxx	8/1	Company	B, E
	85	Independent CPA (change)	1	N/A	xxx		Company	B, E
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	xxx	8/1	Company	B, E
	87	Notification of Adverse Financial Condition	2	N/A	xxx		Company	B, E
	88	Relief from the five-year rotation requirement for lead audit partner	2	EO	xxx	3/1	Company	B, E
	89	Relief from the one-year cooling off period for independent CPA	2	EO	xxx	3/1	Company	B, E
	90	Relief from the Requirements for Audit Committees	2	EO	xxx	3/1	Company	B, E
	91	Request to File Consolidated Audited Annual Statements	2	N/A	xxx		Company	B, E
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	2	N/A	xxx		Company	B, E
		V. STATE REQUIRED FILINGS***						
	101	Corporate Governance Annual Disclosure***	2	0	0	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	2	0	0	3/1	State	
	103	Form B-Holding Company Registration Statement	2	0	0	6/1	Company	
	104	Form F-Enterprise Risk Report ****	2	0	0	6/1	Company	
	105	ORSA *****	2	0	0	6/1	Company	B, E, U
	106	Premium Tax	1	0	1	3/1	State	D
	107	State Filing Fees		0		3/1	State	
	108	Signed Jurat	2	0	1	3/1	NAIC	B, L
	109	Certificate of Compliance	0	0	1	3/1	Company	B, O
	110	Certificate of Deposit	0	0	1	3/1	Company	B, P
	111	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurance	1	0	1	3/1	State	Q
	112	Immunization Assessment Survey for Licensed Disability Insurance	1	0	1	3/15	State	R
	113	Grievance System Description, Grievance Report, and Annual Disclosure IF company is licensed for Disability-Including Managed Care OR Disability - Managed Care Only and specifically requested by the Director						V
	114	Investment Limitations Analysis (Idaho Domestic Only)	2	0	0	3/1	State	B, E, T
	115	Business Plan (Idaho Domestic Only)	2	0	0	4/1	Company	B, E, T
	116	Strategic Plan (Idaho Domestic Only)	2	0	0	4/1	Company	B, E, 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 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 Contact Person:	Michele Munoz 208-334-4309 Doi.companyactivities@doi.idaho.gov
	B	Mailing Address:	Idaho Department of Insurance 700 W. State St 3 rd Fl PO Box 83720 Boise, ID 83720-0043 Doi.companyactivities@doi.idaho.gov
	C	Mailing Address for Filing Fees:	Idaho Department of Insurance 700 W. State St 3 rd Fl PO Box 83720 Boise, ID 83720-0043
	D	Mailing Address for Premium Tax & Continuation Fee Payments: MANDATORY ELECTRONIC FILING FOR PREMIUM TAX & CONTINUATION FEE THROUGH TRITECH/ PREMIUMPRO	Idaho Department of Insurance 700 W. State St 3 rd Fl PO Box 83720 Boise, ID 83720-0043 Lynn Shelton 208-334-4281 premiumtax@doi.idaho.gov
	E	Delivery Instructions: ***DOMESTICS ONLY***	2 copies required for domestic companies. Not Required for Foreign Companies.
	F	Late Filings:	Per Idaho Code based on the filing
	G	Original Signatures:	Electronic or wet accepted.
	H	Signature/Notarization/Certification:	Annual Statement must be subscribed and sworn before notary by at least two (2) principal officers of the company.
	I	Amended Filings: ***DOMESTICS ONLY***	2 copies required for domestic companies. Not Required for Foreign Companies.
	J	Exceptions from normal filings: ***DOMESTICS ONLY***	2 copies required for domestic companies. Not Required for Foreign Companies.
	K	Bar Codes (State or NAIC):	Not Required
	L	Signed Jurat:	Must be subscribed and sworn before notary by at least two (2) principal officers of the company. Mail or email Doi.companyactivities@doi.idaho.gov
	M	NONE Filings:	Please see NAIC Annual Statement Instructions for Supplemental Interrogatories.
	N	Filings new, discontinued or modified materially since last year:	N/A
	O	Certificate of Compliance	Mail or email Doi.companyactivities@doi.idaho.gov
	P	Certificate of Deposit	Mail or email

			Doi.companyactivities@doi.idaho.gov
Q	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers. THIS MUST BE FILED ELECTRONICALLY. Please read instructions at: https://doi.idaho.gov/industry/reporting-checklists/		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 healthsurvey@doi.idaho.gov
R	Immunization Assessment Survey for Licensed Disability Insurers. THIS MUST BE FILED ELECTRONICALLY. Please read instructions at: https://doi.idaho.gov/industry/reporting-checklists/		The Idaho Immunization Assessment is expected to be available after January 15 th and will be available up to April 1 st . Please contact the Department of Insurance with any questions. immuneassess@doi.idaho.gov
S	Quarterly Financial Statements ***DOMESTICS ONLY***		2 copies required for domestic companies. Not Required for Foreign Companies.
T	Investment Limitations Analysis, Business Plan and Strategic Plan ***DOMESTICS ONLY***		Investment Limitations Analysis Business Plan and Strategic Plan
U	ORSA ***DOMESTICS ONLY***		Per Idaho Code § 41-6305 is due no more than once each year. Or rather, filed once any time before end of 12/31.
V	Managed Care Report Grievance System Description, Grievance Report, and Annual Disclosure are no longer required unless requested by the Director		See Idaho Code §41-3914 for Annual Disclosure and §41-3918 for Grievance System Report

**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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