HEALTH ENTITIES

**COMPANY NAME: NAIC Company Code:**

**Contact: Telephone:**

**REQUIRED FILINGS IN THE STATE OF: District of Columbia Filings Made During the Year 2019**

| (1)Checklist | (2)Line # | (3)REQUIRED FILINGS FOR THE ABOVE STATE | (4)NUMBER OF COPIES\* | (5)DUE DATE | (6)FORM SOURCE\*\* | (7)APPLICABLENOTES |
| --- | --- | --- | --- | --- | --- | --- |
| Domestic | Foreign |
| State | NAIC | State |
|  |  | **I. NAIC FINANCIAL STATEMENTS** |  Notes A,B,E,F,L,J,K,S |
|  | 1 | Annual Statement (8 ½”X14”) | 2 | EO | xxx | 3/1 | NAIC |

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|  Postmark date accepted Notes G, H  |

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|  | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 2 | EO | xxx | 3/1 | NAIC |

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|  Note O  |

 |
|  | 2 | Quarterly Financial Statement (8 ½” x 14”) | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC |

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|  Postmark date accepted Notes G, H  |

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|  |  | **II. NAIC SUPPLEMENTS** |  Notes A, B, E, F, I, J, M, S |
|  | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 12 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company |  |
|  | 13 | Life Supplemental Data due March 1 | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 14 | Life Supplemental Data due April 1 | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 15 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 2 | EO | xxx | 3/1 | Company |  |
|  | 16 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company |  |
|  | 17 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 18 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 19 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 20 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company |  |
|  | 21 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 22 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 23 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 24 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC |  |
|  | 25 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC |  |
|  | 26 | Supplemental Health Care Exhibit (Parts 1, 2 and 3)  | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 27 | Supplemental Health Care Exhibit’s Allocation Report | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 28 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC |  |
|  |  |  |  |  |  |  |  |  |
|  |  | III. ELECTRONIC FILING REQUIREMENTS |  Notes F, L, P |
|  | 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 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC |  |
|  | 66 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC |  |
|  | 67 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC |  |
|  | 68 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC |  |
|  | 69 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **IV. AUDIT/INTERNAL CONTROL****RELATED REPORTS** |  Notes A, E, F, I, J, T |
|  | 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company |  |
|  | 82 | Audited Financial Reports | 2 | EO | N/A | 6/1 | Company |  |
|  | 83 | Audited Financial Reports Exemption Affidavit | 2 | N/A | N/A | As Required | Company |  |
|  | 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | EO | N/A | 8/1 | Company |  |
|  | 85 | Independent CPA (change) | 2 | N/A | N/A | As Required | 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 | As Required | Company |  |
|  | 88 | Relief from the five-year rotation requirement for lead audit partner | 2 | EO | N/A | 3/1 | Company |  |
|  | 89 | Relief from the one-year cooling off period for independent CPA | 2 | EO | N/A | 3/1 | Company |  |
|  | 90 | Relief from the Requirements for Audit Committees | 2 | EO | N/A | 3/1 | Company |  |
|  | 91 | Request for Exemption to File Management’s Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | As Required | Company |  |
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|  |  | **V. STATE REQUIRED FILINGS** |  |
|  | 101 | Corporate Governance Annual Disclosure\*\*\* | 1 | 0 | 1 | 6/1 | Company | Note N |
|  | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 |  | State |  |
|  | 103 | Form B-Holding Company Registration Statement | 1 | 0 | 0 | 4/30 | Company | Notes A,F,I,J,U |
|  | 104 | Form F-Enterprise Risk Report \*\*\*\* | 1 | 0 | xxx | 7/1 | Company | Note A, U |
|  | 105 | ORSA \*\*\*\*\* | 1 | 0 | 0 | 8/1 | Company | Note N |
|  | 106 | Premium Tax | 1 | 0 | 1 | 3/1, 6/1 | State | Postmark date accepted Note D |
|  | 107 | State Filing Fees | 1 | 0 | 1 | 4/30 | State | Note C |
|  | 108 | Signed Jurat | 1 | 0 | xxx | Various Dates | NAIC |  |
|  | 109 | Premium Tax Return and Payment | 1 | 0 | 1 | 3/1, 6/1 | State | Postmark date accepted Note D  |
|  | 110 | Stop Loss Reporting Form | 1 | 0 | 1 | 4/1 | State | Note V |
|  | 111 | Electronic Claims Payment Report (Prompt Pay Form) | 1 | 0 | 1 | 3/15 | State | Note Q |
|  | 112 | Holding Company System Summary of Changes to Registration Statement (Form C) | 1 | 0 | 0 | 4/30 | Company | Notes A,F,I,J,U |
|  | 113 | Holding Company System Prior Notification or Material Transactions (Form D) | 1 | 0 | 0 | As Required | Company | Note A, U |
|  | 114 | Holding Company System Pre-Acquisition Notification Form (Form E) | 1 | 0 | XXX | As Required | Company | Note A, U |
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**\*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>

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|  |  | **NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)** |  |
|  | A | Required Filings Contact Person: | Samuel Merlo, Financial Examiner sam.merlo@dc.gov (e-mail) (202) 442-7833 (telephone) Also, see Notes C and D below for license and premium tax contacts  |
|  | B | Mailing Address: | Nathaniel Kevin Brown, Director - Financial Examinations, Insurance Bureau, DC Department of Insurance, Securities and Banking Financial Analysis Division 1050 First Street, NE Suite, 8th Floor Washington, DC 20002  |
|  | C | Mailing Address for Filing Fees: | License Renewal Fees for HMOs - $200.00. License Renewal for HMDIs - $200.00 Check should be made payable to DC Treasurer PO Box 92180, Washington, DC 20090 Contact Person: Denise Parker Denise.parker@dc.gov – (email) (202) 442-7815 (telephone)  |
|  | D | Mailing Address for Premium Tax Payments: | All health entity-types are subject to premium taxes. DISB web site is at http://disb.dc.gov. Insurance Tax Return due or postmarked on or before March 1 and Installment Reporting Statement due or postmarked on or before June 1. Payment of premium tax payments can be remitted one of three ways as follows: Payment address: DC Treasurer, Insurance Bureau, Lockbox 92180 Washington, DC 20090-2180 Check should be made payable to DC Treasurer **Contact person**: Jessie Li jessie.li@dc.gov (email) (202) 442-8568 (telephone) Physical address of lockbox (Payment by FedEx and UPS): Wells Fargo Bank 7175 Columbia Gateway Drive DC Department of Insurance, Securities & Banking Attn: Lockbox # 92180, Insurance Bureau Columbia, MD 21046 Website address for Optins. https://login.options.org//index.html  |
|  | E | Delivery Instructions: | **All annual financial statement** filings must be postmarked no later than March 1st. Other financial filings must be postmarked no later than the indicated due date. **License applications** and filing fees must be physically received at the address in Note C no later than April 30th. **Premium tax** returns and payments must be postmarked no later than March 1st  |
|  | F | Late Filings: | Company will be fined $100 per day for a late filing. Other actions including license suspension may be taken.  |
|  | G | Original Signatures: | Original signatures required on all filings from domestic companies  |
|  | H | Signature/Notarization/Certification: | The President and Secretary are required to sign the annual/quarterly statement, or in their absence, 2 other principal officers may sign.  |
|  | I | Amended Filings: | Amended items must be filed within 10 days of an amendment, along with an explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment. Amendments to the Annual or Quarterly Statements require an amended jurat page, including amendment number, amendment filing date and the number of pages re-filed.  |
|  | J | Exceptions from normal filings: | Foreign companies must supply a written copy of an exemption or extension received by its state of domicile at least 10 days prior to the filing date. Domestic companies should apply at least 30 days prior to the due date and, for extensions, must submit a written request explaining the reason for the delay and detailed time line of any expected component completion dates and contingencies  |
|  | K | Bar Codes (State or NAIC): | Please follow the instructions in the NAIC Annual Statement Instructions  |
|  | L | Signed Jurat: | See notes G, H & I above.  |
|  | M | NONE Filings: | District of Columbia does not require the filing of a “NONE” page if the applicable supplemental interrogatory indicates that the filing is non-applicable  |
|  | N | Filings new, discontinued or modified materially since last year: | New Filing: Corporate Governance Annual Disclosure and ORSA.  |
|  | O | Item 1.1: Investment Schedule Detail  | Domestic companies are not required to submit an additional copy of the detailed investment schedules if they are already bound in the Annual Statement  |
|  | P | Electronic Filing Requirements:  | See General Instructions for Companies to Use Checklist, which follows, for specific guidance on electronic filing requirements including the requirements to file certain items in the portable  |
|  | Q | Electronic Claims Payment Report (prompt pay form):  | The “Prompt Pay Act of 2002” (DC Code §31-3135) which went into effect on July 23, 2002 requires that health insurers file a claims payment report with the Commissioner no later than March 15th of each year. This is an electronic filing. Please refer to the DISB website for the Claims Payment Report form. The Report should only be filed by companies that write health insurance as defined in DC Official Code Title 31, Chapter 33, § 3301.01. A zero report is required from those writing health insurance but having no claims. **Contact Person**: Damon Siler Damon.siler@dc.gov (202) 442-7834  |
|  | R | Standard Reporting Requirements  | To order NAIC publications, including the Annual Statement Blanks and Instructions and the Accounting Practices and Procedures manual, call publications at 816-783-8300. Publications catalogue also available on line at http://www.naic.org.  |
|  | S | Foreign Company Filings:  | Foreign Companies to file hard copy of statements only upon written request.  |
|  | T | Audited Statements:  | Please refer to DC Code §31, Chapter 3 for guidance. Audited Statements must be prepared on a Statutory Basis. Auditor must be independent CPA. CPA appointment or change notice and Awareness Letter – refer to DC Code §31-304. Accountant’s letter of qualifications – refer to DC Code §31-310.  |
|  | U | Holding Company Annual Registration Statement (Form B), Holding Company System Summary of Changes to Registration Statement (Form C), and Holding Company System Prior Notification of Material Transactions (Form D), Holding Company System Pre-Acquisition Notification Form (Form E), Holding Company System Enterprise Risk Report (Form F):  | Foreign companies domiciled in states that have holding company system filing requirements, similar to the District of Columbia, are not routinely required to file with the DISB. Please refer to D.C. Code §31, Chapter 7 for guidance.  |
|  | V | Stop Loss Reporting Form:  | Howard M. Liebers, MPH Health Care Policy Analyst DC Department of Insurance, Securities, and Banking (DISB) Insurance Bureau 1050 First Street, NE, 8th Floor Washington, DC 20002**Contact person**: Howard M. Liebers Howard.liebers@dc.gov (e-mail) (202) 442-8571 (telephone) The form is at: https://dcgov.seamlessdocs.com/f/DCStopLossReportingForm All Form Submissions will go to insurance.bureau@dc.gov |

**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* exemptprinted 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 Electronic Filing*** includes the complete quarterly filing and the PDF files for all quarterly data.

The ***Quarterly.PDF Filing*** is the .pdf file 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 have chosen 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.**

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**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 (generally, on the state web site). 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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