LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

**COMPANY NAME: NAIC Company Code:**

**Contact: Telephone:**

**REQUIRED FILINGS IN THE STATE OF:District of Columbia Filings Made During the Year 2021**

**FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.**

| (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 | Please refer  to all Notes. | | | | | | |
|  | 1 | Annual Statement (8 ½”x14”) | 2 | EO | xxx | 3/1 | NAIC | Postmark date  accepted  Notes E, F,  H, S |
|  | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 2 | EO | xxx | 3/1 | NAIC | Note O |
|  | 2 | Quarterly Financial Statement (8 ½” x 14”) | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | Postmark date  accepted.  Note H |
|  | 3 | Separate Accounts Annual Statement (8 ½”x14”) | 2 | EO | xxx | 3/1 | NAIC |  |
|  |  |  |  |  |  |  |  |  |
|  |  | II. NAIC SUPPLEMENTS | Notes E, F,  I, M, S | | | | | | |
|  | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 12 | Credit Insurance Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 13 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 14 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 15 | Long-term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 16 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company |  |
|  | 17 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 18 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 19 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 20 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC |  |
|  | 21 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC |  |
|  | 22 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 23 | Supplemental Health Care Exhibit’s Allocation Report | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 24 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 25 | Supplemental Schedule O | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 26 | Supplemental Term and Universal Life Insurance Reinsurance Exhibit | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 27 | Trusteed Surplus Statement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 28 | Variable Annuities Supplement | 2 | EO | xxx | 4/1 | NAIC |  |
|  | 29 | VM 20 Reserves Supplement | 2 | EO | xxx | 3/1 | NAIC |  |
|  | 30 | Workers’ Compensation Carve-Out Supplement | 2 | EO | xxx | 3/1 | NAIC |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Actuarial Related Items** |  | | | | | | |
|  | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | 2 | EO | xxx | 3/1 | Company |  |
|  | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 2 | EO | xxx | 3/1 | Company |  |
|  | 33 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 2 | N/A | xxx | 4/30 | Company |  |
|  | 34 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company |  |
|  | 35 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 2 | EO | xxx | 3/1 | Company |  |
|  | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 2 | EO | xxx | 3/1 | Company |  |
|  | 37 | Actuarial Opinion on X-Factors | 2 | EO | xxx | 3/1 | Company |  |
|  | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 2 | EO | xxx | 3/1 | Company |  |
|  | 39 | Request for Life PBR Exemption (formerly Companywide Exemption) | 2 | E/O | xxx | Commissioner 7/1 NAIC 8/15 | Company | Note N |
|  | 40 | Executive Summary of the PBR Actuarial Report | 2 | N/A | xxx | 4/1 | Company | Note N |
|  | 41 | Life Summary of the PBR Actuarial Report | 2 | N/A | xxx | 4/1 | Company | Note N |
|  | 42 | Variable Annuities Summary of the PBR Actuarial Report | 2 | N/A | xxx | 4/1 | Company | Note N |
|  | 43 | PBR Actuarial Report (provide upon request) | 2 | N/A | xxx |  | Company | Note N |
|  | 44 | RAAIS required by *Valuation Manual* | 2 | N/A | xxx | 4/1 | Company |  |
|  | 45 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company |  |
|  | 46 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company |  |
|  | 47 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company |  |
|  | 48 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company |  |
|  | 49 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company |  |
|  | 50 | RBC Certification required under C-3 Phase I | 2 | EO | xxx | 3/1 | Company |  |
|  | 51 | RBC Certification required under C-3 Phase II | 2 | EO | xxx | 3/1 | Company |  |
|  | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | 2 | EO | xxx | 3/1 | Company |  |
|  | 53 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company |  |
|  |  |  |  |  |  |  |  |  |
|  |  | III. ELECTRONIC FILING REQUIREMENTS | Notes F, M  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 | Separate Accounts Electronic Filing | xxx | EO | xxx | 3/1 | NAIC |  |
|  | 66 | Separate Accounts .PDF Filing | xxx | EO | xxx | 3/1 | 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/INTERNALCONTROL RELATED REPORTS | Notes E, F,  S, T | | | | | | |
|  | 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 | 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 |  |
|  |  |  |  |  |  |  |  |  |
|  |  | V. STATE REQUIRED FILINGS |  | | | | | | |
|  | 101 | Premium Tax Return and Payments | 1 | 0 | 1 | 3/1, 6/1 | DISB | Postmark  date  accepted.  Notes D, E |
|  | 102 | State Filing Fees (License Renewal) | 1 | 0 | 1 | 4/30 | DISB | Notes C, E |
|  | 103 | Signed Jurat Page | 2 | 0 | xxx | Various Dates | NAIC | Note H |
|  | 104 | Electronic Claims Payment Form (Prompt pay form) | 1 | 0 | 1 | 3/15 | DISB | Note Q |
|  | 105 | Holding Company System Annual Registration Statement (Form B) | 1 | 0 | N/A | 4/30 | Company | Notes F, U |
|  | 106 | Holding Company System Summary of Changes to Registration Statement (Form C) | 1 | 0 | xxx | 4/30 | Company | Notes F, U |
|  | 107 | Holding Company System Prior Notice of a Material Transaction (Form D) | 1 | 0 | xxx | As Required | Company | Note U |
|  | 108 | Holding Company System Pre-Acquisition Notification Form (Form E) | 1 | 0 | xxx | As Required | Company | Note U |
|  | 109 | Holding Company System Enterprise Risk Report (Form F) \*\*\*\* | 1 | 0 | xxx | 7/1 | Company | Note U |
|  | 110 | Regulatory Asset Adequacy Issues Summary | 1 | N/A | N/A | 3/15 | Company | Note V |
|  | 111 | Actuary Illustration Certification | 2 | 0 | 0 | As Required | Company | Note W |
|  | 112 | Stop-Loss Reporting Form | 1 | 0 | 1 | 4/1 | DISB | Note X |
|  | 113 | Corporate Governance Annual Disclosure \*\*\* | 1 | 0 | 0 | 6/1 | Company | Note U |
|  | 114 | ORSA \*\*\*\*\* | 1 | 0 | 0 | 8/1 | Company | Note U |
|  | 115 | Notification of Address Changes | 1 | 0 | 1 |  | Company | Note Y |
|  | 116 | Biographical Affidavits | 1 | 0 | N/A |  | NAIC | Note Z |
|  |  |  |  |  |  |  |  |  |

**\*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 for Life - $200.00  Check should be payable to DC Treasurer  PO Box 92180, Washington, DC  20090  Contact Person: Denise Parker  [denise.parker@dc.gov](mailto:denise.parker@dc.gov) (email)  (202) 442 – 7842 (telephone) |
|  | D | Mailing Address for Premium Tax Payments: | 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  Examiner  [Jessie.li@dc.gov](mailto: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 are required on all filings from domestic companies. |
|  | H | Signature/Notarization/Certification: | The following three Officers, or a person(s) performing similar functions, of DC domiciled insurers are required to certify, on the Jurat Page, Quarterly and Annual Financial Statements filed with Insurance Department, NAIC and other states:  1)  Chief Executive Officer  2)  Chief Financial Officer  3)  Corporate Secretary   * If your organization does not utilize the above titles, please notify the Financial Analysis Division and explain how the positions of the individuals who sign your financial statement perform similar functions to a CEO (President), CFO (Treasurer) or Secretary. * Individuals performing the duties of both CFO and Secretary must sign separately under each title. * Appropriate notarization is required.   The name and address of any consulting person or organization who participated in the preparation of the annual statement must be noted on the Jurat Page of the statement. |
|  | I | Amended Filings: | * Domestic company amended items must be filed within 10 days of an amendment, along with a letter of explanation for each amended item and a statement as to what impact the amendment had on the year-end Risk Based Capital Report. Only the amended pages should be filed. * If any amendments are determined by the company to impact the results of the RBC calculation as reported on the Five-Year Historical page of the annual statement, then a revised RBC report must be filed along with an amended 5 Year Historical page with the Department and the NAIC. * A new Jurat page completed in all respects, must accompany all amendments. Signature requirements for the original filing noted above in Notes G and H should be followed for any amendment. |
|  | J | Exceptions from normal filings: | Foreign companies must supply a written copy of any extension received by its state of domicile at least 10 days prior to the filing date. Domestic companies should apply at least 30days prior to the due date and, for extensions, must submit a written request explaining the reason for the delay and a detailed timeline 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 |
|  | M | NONE Filings: | District of Columbia does not require the filing of a “NONE” page if applicable supplemental interrogatory indicates that the filing is non-applicable. |
|  | N | Filings new, discontinued or modified materially since last year: | Removal of supplements due to revisions made to the Valuation Manual: (2020-24BWG)   * Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII * Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII * Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII * Management Certification that the Valuation Reflects Management’s Intent required by Actuarial Guideline XLIII   Addition of supplements due to revisions made to the Valuation Manual: (2020-24BWG)     * Executive Summary of the PBR Actuarial Report * Life Summary of the PBR Actuarial Report * Variable Annuities Summary of the PBR Actuarial Report * PBR Actuarial Report (provide upon request)   Renamed one supplement on checklist to avoid confusion with similarly named document:   * Request for Life PBR Exemption (formerly Companywide Exemption) |
|  | 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 to follow for specific guidance on electronic filing requirements including the requirements to file certain items in the portable document (PDF Files). Any questions regarding electronic filing should be directed to the NAIC. The NAIC web site is at <http://www.naic.org>  The main phone line is (816) 842-3600.  The NAIC help desk line is (816) 783-8500. |
|  | Q | Electronic Claims Payment Report (Prompt Pay Form): | The “Prompt Pay Act 2002” (DC Code 31-3135) which went into effect on July 23, 2002 requires that health insurers file a claim payment report to 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 Reform Form The report should only be filled by companies that write health insurance as Defined in DC Official Code Title 31, Chapter 33, 3301.1. A zero report is required from those writing health insurance but having no claims.  **Contact Person**: Rashaunda Benson  Rashaunda.benson@dc.gov or at  (202) 442-7763. |
|  | R | Standard Report 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 Statement must be prepared on a statutory basis. Auditor must be independent CPA. CPA appointment or Change Notice – refer to DC Code 31-304. |
|  | U | Annual & Other Holding Company Requirements: | 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 DC Code 31, Chapter 31, and Chapter 7 for guidance. |
|  | V | Regulatory Asset Adequacy Issues Summary: | This document is only required for domestic Companies or if requested by regulator. |
|  | W | Actuary Illustration Certification: | The District requires domestic life companies to file the certification. For non-domestic companies, the certification only needs to be filed upon request from the regulator. |
|  | X | Stop-Loss Reporting Form: | Howard M. Liebers, Manager, Insurance Products - Forms & Policy Analysis, Insurance Bureau  DC Department of Insurance, Securities, and Banking (DISB)  Insurance Bureau  1050 First Street, NE, 7th Floor  Washington, DC 20002  **Contact person:** Howard M. Liebers  [Howard.liebers@dc.gov](mailto:Howard.liebers@dc.gov) (e-mail)  (202) 422-8571 (telephone)  The form is at: <https://dcgov.seamlessdocs.com/f/DCStopLossReportingForm>    All Form Submissions will go to [insurance.bureau@dc.gov](mailto:insurance.bureau@dc.gov) |
|  | Y | Notification of Address Changes | Whenever a company has a change in Statutory Home Office or Mailing Address, a form must be completed and submitted to enable us to update our records. Please complete the applicable NAIC UCAA Form (2c or 14) <http://www.naic.org/industry_UCAA.htm> and file electronically through the UCAA system. |
|  | Z | Biographical Affidavits  Bio Form: | Bios should not be filed by Foreign/Alien companies who have filed with their state of domicile.  We require all pages of the NAIC biographical affidavit to be completed. Incomplete affidavits will be considered unfiled. All bios should be updated for current officers and directors at the time any of the information changes.  Bios for domestic companies must be filed in the original and kept current for Officers and Directors.  For domestic companies, the Department requires original bios to be filed for all Officers and Directors listed on Jurat page:   * When a new Officer or Director is named. * When the information of any current officer and/or director changes. * When the last bio filed with the Department is five years old.   <http://www.naic.org/documents/industry_ucaa_form11.pdf> |
|  |  |  |  |

**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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