PROPERTY & CASUALTY INSURERS

COMPANY NAME:	NAIC Company Code:		
Contact:	Telephone:		
REQUIRED FILINGS IN THE STATE OF:	Filings Made During the Year 2026		

1.1 P 2 C 3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E S 19 E R L 20 F 21 In 22 L A 23 L 24 M 25 M 66 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	(3) REQUIRED FILINGS FOR THE ABOVE STATE I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement	NUME Dome State EO EO EO EO EO EO EO	(4) BER OF CO estic NAIC EO EO EO EO EO	State XXX XXX XXX	3/1 3/1 3/1 5/15, 8/15,	(6) FORM SOURCE**	APPLICABLE NOTES B, F, G
1	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	State EO EO EO EO	EO EO O	State XXX XXX XXX	3/1 3/1 5/15, 8/15,	NAIC	
1.1 P 2 G 3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E 20 F 21 II 22 L 24 M 25 M 66 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO EO EO	EO EO EO	xxx xxx xxx	3/1 5/15, 8/15,		B F G
1.1 P 2 Q 3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E 20 F 21 II 22 L 24 M 25 M 66 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO EO	EO EO	xxx xxx	3/1 5/15, 8/15,		R F G
1.1 P 2 G 3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E 20 F 21 II 22 L 24 M 25 M 66 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO EO	EO EO	xxx xxx	3/1 5/15, 8/15,		BFG
1.1 P 2 Q 3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E 20 F 21 II 22 L 24 M 25 M 66 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO EO	EO EO	xxx xxx	3/1 5/15, 8/15,		
2	Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO EO	EO 0	xxx	5/15, 8/15,	IVAIC	B, G
3 P 4 C 11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E S 19 E R L 20 F 21 In 22 L A 23 L 24 M 25 M fc 26 M 27 M 28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	EO	0			NAIC	B, G
11	II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary				11/15	NAIC	Б, С
11 A 12 A 13 A 14 B 15 C 16 C 17 C 18 E S 19 E R L 20 F 21 II 22 L A 23 L 24 N 25 N f 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary	ЕО	FΩ	XXX	3/1	NAIC	B, G
12 A 13 A 14 B 15 C 16 C 17 C 18 E 8 B 19 E 19 E 21 II 22 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary		LU	XXX	5/1	NAIC	В
12 A 13 A 14 B 15 C 16 C 17 C 18 E 8 B 19 E 19 E 21 II 22 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary						
12 A 13 A 14 B 15 C 16 C 17 C 18 E 8 B 19 E 19 E 21 II 22 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Actuarial Opinion Actuarial Opinion Summary			1	1		
13 A 14 B 15 C 16 C 17 C 18 E S 19 E R L 20 F 21 II 22 L A 23 L 24 N 25 N fc 26 N 27 N 28 N 29 P 30 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Actuarial Opinion Summary	EO	EO	XXX	4/1	NAIC	В
14 B 15 C 16 C 17 C 18 E 8 S 19 E 8 R 20 F 21 II 22 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S		EO	EO	XXX	3/1	Company	B, G
15 C 16 C 17 C 18 E S 19 E R L 20 F 21 II 22 L 24 N 25 N fc 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Bail Bond Supplement	EO	N/A	XXX	3/15	Company	B, G
16 C 17 C 18 E S 19 E R L 20 F 21 Ii 22 L 24 N 25 N fc 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S		EO	EO	XXX	3/1	NAIC	В
17 CO 18 CO	Combined Insurance Expense Exhibit	EO	EO	XXX	5/1	NAIC	В
18	Credit Insurance Experience Exhibit	EO	EO	XXX	4/1	NAIC	В
S R L L L L L L L L L	Cybersecurity Insurance Coverage Supplement	EO	EO	XXX	4/1	NAIC	В
19 E R L L 20 F 21 In 22 L A A	Director and Officer Insurance Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	В
20 F 21 II 22 L A 23 L 24 M 25 M 60 26 N 27 M 28 M 29 P 30 P 31 R 32 S 33 R 34 R 35 S 36 S	Exhibit of Other Liabilities By Lines of Business as	EO	EO	XXX	3/1	NAIC	В
20 F 21 In 22 L 23 L 24 N 25 M 60 26 N 27 M 28 M 29 P 30 P 31 R 32 S 33 R 34 R 35 S 36 S	Reported on Line 17 of the Exhibit of Premiums and	LO	LO	AAA	3/1	Tune	Ь
20 F 21 In 22 L A 23 L 24 N 25 N fc 26 N 27 N 28 N 29 P 30 P 31 R 32 S 33 R 34 R 35 S 36 S	Losses						
21 In 22 In A A A A A A A A A A A A A A A A A A	Financial Guaranty Insurance Exhibit	EO	ЕО	XXX	3/1	NAIC	В
22 L A 23 L 24 M 25 M fc 26 M 27 M 28 M 29 P 30 P 31 R 32 S 33 R 34 R 35 S 36 S	Insurance Expense Exhibit	EO	EO	XXX	4/1	NAIC	В
23 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Life, Health & Annuity Guaranty Association	EO	20	12.2.2		14110	В
23 L 24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Assessable Premium Exhibit, Parts 1 and 2	Lo	EO	XXX	4/1	NAIC	Б
24 N 25 N 60 26 N 27 N 28 N 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Long-Term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	В
25 M fc 26 M 26 M 27 M 28 M 29 P 30 P 31 R 32 M 32 M 33 R 34 R 35 S 36 S 37 S 38 S	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	В
26 M 27 M 28 M 29 P 30 P 31 R 32 S 33 R 34 R 35 S 36 S	Market Conduct Annual Statement Premium Exhibit for Year	ЕО	ЕО	XXX	3/1	NAIC	В
28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Medicare Part D Coverage Supplement	EO	ЕО	xxx	3/1, 5/15, 8/15, 11/15	NAIC	В
28 M 29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	В
29 P 30 P 31 R 32 33 R 34 R 35 S 36 S	Mortgage Guaranty Insurance Exhibit	EO	EO	XXX	4/1	NAIC	В
30 P 31 R 32 33 R 34 R 35 S 36 S	Premiums Attributed to Protected Cells Exhibit	EO	EO	XXX	3/1	NAIC	В
31 R 32 33 R 34 R 35 S 36 S	Private Flood Insurance Supplement	EO	EO	XXX	4/1	NAIC	В
32 33 R 34 R 35 S 36 S 37 S 38 S	Reinsurance Attestation Supplement	EO	EO	XXX	3/1	Company	В
33 R 34 R 35 S 36 S 37 S 38 S	Exceptions to Reinsurance Attestation Supplement	EO	N/A	XXX	3/1	Company	В
34 R 35 S 36 S 37 S 38 S	Reinsurance Summary Supplemental	EO	EO	XXX	3/1	NAIC	B
35 S 36 S 37 S 38 S	Risk-Based Capital Report	EO	EO	XXX	3/1	NAIC	В
36 S 37 S 38 S	Schedule SIS	EO	N/A	N/A	3/1	NAIC	В
38 S	Supplement A to Schedule T	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	В
38 S	Supplemental Compensation Exhibit	EO	N/A	EO	3/1	NAIC	E, F, O
	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO	XXX	4/1	NAIC	B
37 3	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	В
40 S	Supplemental Schedule for Reinsurance	EO	EO	XXX	3/1	NAIC	В
C	Counterparty Reporting Exception – Asbestos and Pollution Contracts	LO	Lo	AAA	3/1	TVIIC	Б
	Trusteed Surplus Statement	ЕО	ЕО	xxx	3/1, 5/15, 8/15, 11/15	NAIC	В
	HI ELECTRONIC FILING REQUIREMENTS	EO	EO	XXX	3/1	NAIC	В
	III. ELECTRONIC FILING REQUIREMENTS Annual Statement Electronic Filing	EO	EO		3/1	NAIC	В
	Annual Statement Electronic Filing			XXX NI/A	3/1	NAIC	В
	Annual Statement Electronic Filing March .PDF Filing	I ΗΩ	HΩ	I INI / A		INAIC	
65 C	Annual Statement Electronic Filing	EO EO	EO EO	N/A N/A	3/1	NAIC	В

(1)	(2)	(3)		(4)		(5)	(6)	(7)
(1)	(2)	(3)	NUMBER OF COPIES*		(3)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
Checklist	Line #	REQUIRED FIEIROS FOR THE ABOVE STATE				DOEDATE	SOURCE	NOTES
<u> </u>		C 1: 14 10:4 PDEEE	State	NAIC	State	E /1	NATO	D
	66	Combined Annual Statement .PDF Filing	ЕО	EO	XXX	5/1	NAIC	В
	67	Supplemental Electronic Filing	EO	EO	XXX	4/1	NAIC	В
	68	Supplemental .PDF Filing	EO	EO	XXX	4/1	NAIC	В
	69	Quarterly Statement Electronic Filing	EO	ЕО	xxx	5/15, 8/15, 11/15	NAIC	В
	70	Quarterly .PDF Filing	ЕО	ЕО	xxx	5/15, 8/15, 11/15	NAIC	В
	71	June .PDF Filing	EO	ЕО	XXX	6/1	NAIC	В
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	В
	82	Audited Financial Reports	EO	EO	XXX	6/1	Company	В
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A		Company	B, P
	84	Communication of Internal Control Related Matters	EO				·	В
	-	Noted in Audit	-	EO	N/A	8/1	Company	_
	85	Independent CPA (change)	ЕО	N/A	N/A	U. 1	Company	B, P
	86	Management's Report of Internal Control Over	EO	1 1/ /1	11/11		Company	В, Р
	80	Financial Reporting	EO	N/A	N/A	8/1	Company	Б, Г
	0.7	Pinancial Reporting	F.O.			0/1		D
	87	Notification of Adverse Financial Condition	ЕО	N/A	N/A		Company	В
	88	Relief from the five-year rotation requirement for lead audit partner	ЕО	ЕО	XXX	3/1	Company	В
	89	Relief from the one-year cooling off period for independent CPA	ЕО	ЕО	N/A	3/1	Company	В
	90	Relief from the Requirements for Audit Committees	ЕО	ЕО	N/A	3/1	Company	В
	91	Request to File Consolidated Audited Annual Statements	EO	N/A	N/A	3/1	Company	В
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	ЕО	N/A	N/A		Company	В
		V. STATE REQUIRED FILINGS***						
	101	Corporate Governance Annual Disclosure***	EO	0	XXX	6/1	Company	B, Q
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	
	103	Form B-Holding Company Registration Statement	ЕО	0	N/A	5/1	Company	B, S
	104	Form F-Enterprise Risk Report ****	EO	0	XXX	5/1	Company	B, S
	105	ORSA ****	EO	0	XXX	Annually	Company	B, U
	105	Premium Tax	EO	0	EO	3/1	State	A, D, F
—								
	107	State Filing Fees	\$400	0	\$400	3/1	State	A, C
<u> </u>	108	Signed Jurat	EO	0	XXX	3/1	NAIC	B, L
	109	Group Capital Calculation (File with lead state only)	EO	0	0	5/1		B, G, H, S
	110	Annual Statement Schedule T Page (Page 94-95)	EO	N/A	ЕО	3/1	NAIC	Q
	111	Fraud Contact Form	ЕО	N/A	ЕО	3/1	State	R
	112	Producer Controlled Report	0	N/A	0		State	Y
	113	Quarterly Premium Tax Return	EO	N/A	xxx	4/15, 6/15, 9/15	State	A, D, F
	114	Actuarial Memorandum Supporting Actuarial Guideline 51 Testing	EO	N/A	xxx	4/1	Company	Y
	115	Workers Compensation Assessments	0	0	0			W
	116	NE Small Employer Health Reinsurance Program Form	0	0	0			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 <u>not</u> 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 <u>not</u> 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:	Annual Statement & Related
	-	Supplemental Filings Contact:
		Tadd Wegner, Chief Financial
		Regulator (402) 471-4734 and/or
		Tadd.Wegner@nebraska.gov
		Premium Tax Contact:
		Kristy Hadden, (402) 471-0373
		and/or
		Kristy.Hadden@nebraska.gov
В	Submission Requirements & Mailing Address:	Submission Requirements:
		All statutory filings, exhibits and
		statements, unless otherwise
		indicated (i.e. filed electronically
		with the NAIC), must be filed
		through the Nebraska DOI secure
		electronic portal at https://ne.accessgov.com/doi/Forms/
		Page/doi/nebraska-online-filing-
		portal/0.
		Overnight Mail: Use street address
		Nebraska Department of Insurance
		1526 K Street, Suite 200
		Lincoln, NE 68508
		Postal Service Address:
		P.O. Box 95087
	700	Lincoln, NE 68509-5087
C	Filing Fees:	Filing fees are retaliatory and
		collected on the premium tax
		return.
D	Tax Payments:	OPTins is the required method
		for filing premium taxes.
		Premium tax filing information
		can be found at
		https://doi.nebraska.gov/insurers
		/annual-filing-requirements-
		premium-taxes-and-fees
E	Delivery Instructions:	All filings must be received
		electronically by the Department
		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:	Insurers who fail to pay any
		premium or retaliatory tax when
		due shall pay an interest rate of
		8%.
		A forfeiture of \$100 per day
		will be imposed for any late
		filing of the Annual Statement,
		Supplemental Compensation
		Exhibit, and/or other
		supplemental filings. In
		addition, the Director may
		suspend or refuse to renew the
		company's certificate of
		authority until such filings have
		been received.

G	Original Signatures:	Electronic signatures or copies of signatures are acceptable, with the exception of notary signatures. (See
Н	Signature/Notarization/Certification:	Note H) Most corporate records (Articles of Incorporation and By-laws) identify the Executive Corporate Officers. In most cases, this consists of the President, Treasurer and Secretary. The corporate records give the authority to these Executive Officers to operate the company and will define their duties, functions, responsibilities, and/or obligations as well. The Jurat Page should reflect these Executive Officers. Since the Executive Officers are given the authority under corporate records, they should sign the Jurat Page of the statement. The Annual Statement instructions require that if these Officers are incapacitated or not available due to a personal emergency, the company should then contact the Department of Insurance for direction as to who should sign the Jurat Page. RBC Jurat Page must contain the same signatures as found on the Annual
I	Amended Filings:	Statement Jurat Page. Insurers must file amended items within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be
J	Exceptions from normal filings:	followed for any amendment. Extensions (not to exceed thirty days) for financial filings may be granted for good and sufficient cause. See Neb.Rev.Stat. §44-322. Requests should be sent to: Tadd Wegner, Chief Financial Regulator via email at Tadd.Wegner@nebraska.gov.
K	Bar Codes (State or NAIC):	NAIC bar codes must be placed on all filings. Please follow the instructions in the NAIC Annual Statement Instructions.
L	Signed Jurat:	See Note H.
M	NONE Filings:	See NAIC Annual Statement Instructions.
N	Filings new, discontinued or modified materially since last year:	N/A
О	Supplemental Compensation Exhibit:	The Supplemental Compensation Exhibit is a mandatory filing for all companies licensed in Nebraska, both foreign and domestic companies. See Neb.Rev.Stat. §44- 322. Refer to instructions at

			https://doi.nebraska.gov/insurers/ann
			ual-filing-requirements-premium-
			taxes-and-fees. NAIC Annual
			Statement Instructions include the
			proper format. A separate electronic
			filing for each legal entity in PDF
			format should be submitted to the
			filing portal at
			https://ne.accessgov.com/doi/Forms/
			Page/doi/nebraska-online-filing-
			portal/0. Submissions will also be
			accepted via email at
			Doi.CompExhibit@nebraska.gov.
			The Company Name & NAIC
			number should be in the subject line.
			**Note: When preparing a "NONE"
			filing, i.e. stating no salaries were
			paid, Part 1- questions 1-3 must be
			completed and "NONE" marked in
			Parts 2, 3, & 4. The Company Name
1			and NAIC number is to be at the top
			1
			of the exhibit. Please see website.
	P	Audited Financial Reports:	Line 82: §005.06 requires the
			Annual Audited Financial Report to
			include a reconciliation if there are
			differences between the audited
			statutory financial statements and
			the annual statement filed pursuant
			to Neb.Rev.Stat. §44-322, "NE Title
			210, Chapter 56."
			The Department will consider the
			filing incomplete if there are
			differences and a reconciliation and
			description are not included or is
			inadequate. The reconciliation and
			descriptions need to make "all"
			changes fully and clearly
			understandable as to why the change
			was made and by what amount
			"each" line item was changed. This
			requirement applies to changes to
			both current year and prior year
			amounts. In addition, the
			Department will expect
			correspondence from the Company
			disclosing whether they intend to
			amend the Annual Statement to
			agree with the audited changes.
			Line 85: Designation & awareness
			letter only applicable when first
			subject to the Rule or if there is a
			change in Independent CPA. Section
			006.03 requires notification within 5
			days if independent CPA has been
			dismissed or resigns. A separate
			letter within 10 days should disclose
			any disagreements, followed by a
			response from the former
			independent CPA whether they
			agree. "NE Title 210, Chapter 56,
			Section ###".
			Line 86: "Management's Report of
			Internal Control Over Financial
			Reporting" is required to be filed
			reporting is required to be filled
			from insurers with annual direct

1		,
Q	Direct Business Page and Schedule T:	written and assumed premiums ≥ \$500 million, excluding reinsured crop and flood. This requirement may be satisfied by filing a SEC Section 404 Report plus an addendum, as explained in Section 016.03. Insurers in any RBC level event or in a hazardous condition may also be required to file. See "NE Title 210, Chapter 56, Section ###". Nebraska requires one copy of the Direct Business Page for NE,
		and one copy of Schedule T be submitted with the premium tax filing.
R	Fraud Contact Form:	Form can be found at https://doi.nebraska.gov/insurers /annual-filing-requirements- premium-taxes-and-feesEmail to DOI.FraudPrevention@nebraska .gov
S	Holding Company Filings:	Form A: Send electronic copy in PDF format to Tadd Wegner at Tadd. Wegner@nebraska.gov. Forms B, C, D, & F: Submit via electronic portal in PDF format (see Note B). *Note: Forms B, C & F are required annually on May 1st. Consistent with the Form B & C filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. See Form F Implementation Guide for Instructions. *Note: this filing is intended to be submitted to the lead state. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.htm Group Capital Calculation (GCC): Submit the GCC Excel document and signed attestation page via electronic portal. *Note the GCC is required annually on May 1st. The GCC template along with the Group Capital Calculation Instructions are available on the NAIC website. *Note: this filing is intended to be submitted to the lead state. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.htm Dividend Notices: Submit via electronic portal in PDF format (see Note B).
Т	Comprehensive Health Insurance Pool (CHIP) Form & NE Small Employer Health Reinsurance Program Form:	These filings are no longer required.
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U	Own Risk and Solvency Assessment (ORSA):	See ORSA Guidance Manual for instructions. The document is submitted to the lead state only of the group, not the NAIC or each domestic. Filing is due annually Neb.Rev.Stat. § 44-9006 & 44-9007. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.htm. Submit copy in PDF format via electronic portal (see Note B).
V	Corporate Governance Annual Disclosure:	See Neb. Rev. Stat. 44-9101 to 44-9109 and NE Title 210, Chapter 88. The document is submitted to the lead state only of the group, not the NAIC or each domestic. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.htm. Submit in PDF format via electronic portal (see Note B).
W	Producer Controlled Report:	This filing is not required.
X	Workers Compensation Assessments:	The Workers Compensation Court Cash Fund (WCCCF) will be collected this year. The assessment for the Workers Compensation Court Trust Fund (WCCTF) will not be collected this year.
Y	Actuarial Guideline 51:	NAIC Guidance document for year-end 2024 must be addressed. Submit via Department electronic portal.

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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