

**PROPERTY & CASUALTY INSURERS**

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

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

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2022

(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				
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2" x 14")	0	EO	xxx	3/1	NAIC	F, G
	1.1	Printed Investment Schedule detail (Pages E01-E29)	0	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	0	EO		5/15, 8/15, 11/15	NAIC	G
	3	Protected Cell Annual Statement	EO	0	xxx	3/1	NAIC	G
	4	Combined Annual Statement (8 1/2" x 14")	0	EO	xxx	5/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	0	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	0	EO	xxx	3/1	Company	G
	13	Actuarial Opinion Summary	EO	N/A	xxx	3/15	Company	G
	14	Bail Bond Supplement	0	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	0	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	0	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	0	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	0	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	0	EO	xxx	4/1	NAIC	
	21	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	0	EO	xxx	4/1	NAIC	
	22	Long-Term Care Experience Reporting Forms	0	EO	xxx	4/1	NAIC	
	23	Management Discussion & Analysis	0	EO	xxx	4/1	Company	
	24	Medicare Part D Coverage Supplement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	25	Medicare Supplement Insurance Experience Exhibit	0	EO	xxx	3/1	NAIC	
	26	Mortgage Guaranty Insurance Exhibit	0	EO	xxx	4/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	0	EO	xxx	3/1	NAIC	
	28	Private Flood Insurance Supplement	0	EO	xxx	4/1	NAIC	
	29	Reinsurance Attestation Supplement	0	EO	xxx	3/1	Company	
	30	Exceptions to Reinsurance Attestation Supplement	EO	N/A	xxx	3/1	Company	
	31	Reinsurance Summary Supplemental	0	EO	xxx	3/1	NAIC	
	32	Risk-Based Capital Report	0	EO	xxx	3/1	NAIC	
	33	Schedule SIS	EO	N/A	N/A	3/1	NAIC	
	34	Supplement A to Schedule T	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	35	Supplemental Compensation Exhibit	EO	N/A	EO	3/1	NAIC	F, M, O, E
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	0	EO	xxx	4/1	NAIC	
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	0	EO	xxx	4/1	NAIC	
	38	Supplemental Investment Risk Interrogatories	0	EO	xxx	4/1	NAIC	
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	0	EO	xxx	3/1	NAIC	
	40	Trusted Surplus Statement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	61	Annual Statement Electronic Filing	0	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	0	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	0	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	0	EO	N/A	3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	0	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	0	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	0	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	0	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			
	69	Quarterly Statement Electronic Filing	0	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	0	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	0	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	0	EO	N/A	6/1	Company	
	82	Audited Financial Reports	0	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	--	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	0	EO	N/A	8/1	Company	
	85	Independent CPA (change)	EO	N/A	N/A	--	Company	
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	U
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	--	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	0	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	0	EO	N/A	3/1	Company	
	90	Relief from the Requirements for Audit Committees	0	EO	N/A	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	EO	N/A	N/A	--	Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	5/1	Company	
		<b>V. STATE REQUIRED FILINGS***</b>						
	101	Corporate Governance Annual Disclosure****	EO	0	xxx	6/1	Company	CC
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	
	103	Form B-Holding Company Registration Statement	EO	0	N/A	5/1	Company	X
	104	Form F-Enterprise Risk Report ****	EO	0	xxx	5/1	Company	X
	105	ORSA *****	EO	0	xxx	Annually	Company	BB
	106	Premium Tax	EO	0	EO	3/1	State	A-H, EE
	107	State Filing Fees	\$400	0	\$400	3/1	State	C
	108	Signed Jurat	EO	0	EO	3/1	NAIC	
	109	Group Capital Calculation	0	0	0			
	110	Annual Statement Schedule T Page (Page 94-95)	EO	N/A	EO	3/1	NAIC	V
	111	Comprehensive Health Insurance Pool	0	N/A	0	4/1	State	AA
	112	Fraud Contact Form	EO	N/A	EO	3/1	State	W
	113	Producer Controlled Report	0	N/A	N/A	4/1	State	DD
	114	Quarterly Premium Tax Return	EO	N/A	EO	4/16, 6/15, 9/15	State	D, F
	115	Actuarial Memorandum Supporting Actuarial Guideline 51 Testing	EO	N/A	xxx	4/1	Company	GG

\*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)

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Annual Statement & Related Supplemental Filings Contact: Justin Schrader, Chief Financial Examiner (402) 471-4734 or Justin.Schrader@nebraska.gov Premium Tax Contact: Kristy Hadden, (402) 471-0373 and/or doi.premiumtax@nebraska.gov
B	Mailing Address:	<b>Submission Requirements:</b> All statutory filings, exhibits and statements, unless otherwise indicated, must be filed through the Nebraska DOI secure electronic portal at _____. Contact Jillian Boston at <a href="mailto:jillian.boston@nebraska.gov">jillian.boston@nebraska.gov</a> for assistance.  <b>Overnight Mail:</b> Use street address Nebraska Department of Insurance 1526 K Street, Suite 200 Lincoln, NE 68508  <b>Postal Service Address:</b> P.O. Box 95087 Lincoln, NE 68509-5087
C	Mailing Address for Filing Fees:	See Note D See Premium Tax Return for additional fees.
D	Mailing Address for Premium Tax Payments:	OPTins is the required method for filing premium taxes. Instructions can be found at <a href="http://OPTins.org">OPTins.org</a> .
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 3%. 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 Note H)
H	Signature/Notarization/Certification:	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/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 Statement Jurat Page.
I	Amended Filings:		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 followed for any amendment.
J	Exceptions from normal filings:		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: Justin Schrader, Chief Financial Examiner via email to Justin.Schrader@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
O	Supplemental Compensation Exhibit		The Supplemental Compensation Exhibit is a mandatory filing for both foreign and domestic companies. See Neb.Rev.Stat. §44-322. See NAIC Annual Statement Instructions, which include the proper format. A template of the form is also available at doi.ne.gov. There should be a separate electronic filing for each entity in <b>PDF format</b> sent to: DOI.CompExhibit@Nebraska.gov. The Company Name & NAIC number should be in the subject line. **Note: When preparing a “NONE” filing, stating no salaries were paid, Part 1- questions 1-3 must be completed and “NONE” marked in Parts 2, 3, & 4. The Company Name and NAIC number is to be at the top of the exhibit. ***Note: <b>DO NOT</b> submit via the department electronic portal.
P	Actuarial Certification Related Annuity Non-forfeiture Ongoing Compliance for Equity Indexed Annuities		Nebraska has not adopted Model Regulation 806 and does not require an actuarial certification regarding compliance of equity-indexed annuities.
Q	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit		Provide opinion for each Funding Agreement.
R	Actuarial Opinion on Synthetic Guaranteed Investment Contracts		NE Title 210, Chapter 80, Synthetic Guaranteed Investment Contracts. Nebraska does not require the opinion to be separate from the entire entity opinion.
S	Actuarial Opinion for Interest Indexed Universal Life:		See Chapter 40, Section 010.02 of the Nebraska Department Insurance Regulations.
T	Actuarial Opinion Required by Modified Guaranteed Annuity Model Regulation		Nebraska has <b>not</b> adopted Model Regulation 255 and does <b>not</b> require an actuarial opinion regarding Modified Guaranteed Annuities.
U	Audited Financial Reports		82:§005.06 requires the Annual Audited Financial Report to include a reconciliation if there are differences

			<p>between the audited statutory financial statements and the annual statement filed pursuant to NEB.REV.STAT. §44-322, “NE Title 210, Chapter 56.”</p> <p>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.</p> <p>85: Designation &amp; 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 ###”.</p> <p>86: “Management’s Report of Internal Control Over Financial Reporting” is required to be filed from insurers with annual direct 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 ###”.</p>
	V	Direct Business Page and Schedule T:	Nebraska requires one copy of the Direct Business Page for NE, and one copy of Schedule T be submitted with the premium tax filing via OPTins.
	W	Fraud Contact Form	The PDF form is located at <a href="https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/Fraud%20Contact%20Form.pdf">https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/Fraud%20Contact%20Form.pdf</a> Email to <a href="mailto:DOI.FraudPrevention@nebraska.gov">DOI.FraudPrevention@nebraska.gov</a> .
	X	Holding Company Filings	<b>Form A:</b> Send electronic copy in PDF format to Justin Schrader at <a href="mailto:Justin.Schrader@nebraska.gov">Justin.Schrader@nebraska.gov</a> . <b>Forms B, C, D, &amp; F:</b> Submit via electronic portal in PDF format. *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—URL:

			<a href="http://www.naic.org/public_lead_state_report.htm">http://www.naic.org/public_lead_state_report.htm</a> <b>Dividend Notices:</b> Submit via electronic portal in PDF format.
	AA	Comprehensive Health Insurance Pool	This filing is no longer required.
	BB	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 <a href="http://www.naic.org/public_lead_state_report.htm">http://www.naic.org/public_lead_state_report.htm</a> . Submit copy in PDF format via electronic portal.
	CC	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 <a href="http://www.naic.org/public_lead_state_report.htm">http://www.naic.org/public_lead_state_report.htm</a> . Submit in PDF format via electronic portal.
	EE	Producer Controlled Annual Report	See Note B.
	FF	Workers Compensation Assessments	The Workers Compensation Court Cash Fund (WCCCF) <b>will</b> be collected this year. The assessment for the Workers Compensation Court Trust Fund (WCCCF) <b>will not</b> be collected this year.
	GG	Actuarial Guideline 51	NAIC Guidance document for year-end 2021 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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