

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2021

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	KY EO	EO		3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	KY EO	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	KY EO	EO		5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	xxx	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	xxx	EO		5/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	KY EO	EO		4/1	NAIC	
	12	Actuarial Opinion	KY EO	EO		3/1	Company	
	13	Actuarial Opinion Summary	KY EO	N/A		3/15	Company	
	14	Bail Bond Supplement	xxx	EO		3/1	NAIC	
	15	Combined Insurance Expense Exhibit	xxx	EO		5/1	NAIC	
	16	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	KY EO	EO		4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	KY EO	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	xxx	EO		3/1	NAIC	
	20	Insurance Expense Exhibit	xxx	EO	xxx	4/1	NAIC	
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	KY EO	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	KY EO	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	KY EO	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	KY EO	EO		4/1	Company	
	25	Medicare Part D Coverage Supplement		EO		3/1, 5/15, 8/15, 11/15	NAIC	
	26	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	xxx	EO		3/1	NAIC	
	28	Private Flood Insurance Supplement	KY EO	EO		4/1	NAIC	
	29	Reinsurance Attestation Supplement	KY EO	EO	xxx	3/1	Company	
	30	Exceptions to Reinsurance Attestation Supplement	KY EO	N/A	xxx	3/1	Company	
	31	Reinsurance Summary Supplemental	KY EO	EO	xxx	3/1	NAIC	
	32	Risk-Based Capital Report	KY EO	EO		3/1	NAIC	
	33	Schedule SIS	xxx	N/A	N/A	3/1	NAIC	
	34	Supplement A to Schedule T	xxx	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	35	Supplemental Compensation Exhibit	KY EO	N/A	N/A	3/1	NAIC	
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO		4/1	NAIC	
	37	Supplemental Health Care Exhibit's Allocation Report Supplement	xxx	EO		4/1	NAIC	
	38	Supplemental Investment Risk Interrogatories	KY EO	EO		4/1	NAIC	
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	xxx	EO		3/1	NAIC	
	40	Trusteed Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	KY EO	EO	N/A	6/1	Company	
	82	Audited Financial Reports	KY EO	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	KY EO	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	KY EO	EO	N/A	8/1	Company	
	85	Independent CPA (change)	KY EO	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	KY EO	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	KY EO	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	xxx	EO		3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	xxx	EO		3/1	Company	
	90	Relief from the Requirements for Audit Committees	xxx	EO		3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	KY EO	N/A	N/A		Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	KY EO	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS***						
	101	Corporate Governance Annual Disclosure***	KY EO	0	xxx	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	xxx	0	xxx		State	
	103	Form B-Holding Company Registration Statement	KY EO	0	xxx	4/1	Company	
	104	Form F-Enterprise Risk Report ****	KY EO	0	xxx	4/1	Company	
	105	ORSA *****	KY EO	0	xxx	8/1	Company	
	106	Premium Tax	See "D" page 3	0	See "D" page 3		State	See "D" page 3
	107	State Filing Fees	KY EO	0	KY EO	3/1	State	
	108	Signed Jurat	KY EO	0	KY EO*	3/1, 5/15, 8/15, 11/15	NAIC	*annually only foreign companies
	109	Certificate of Deposit-Foreign ONLY	0	0	KY EO	3/1	State	
	110	Detail Listing of Securities Held Under Safekeeping (Form 143)	KY EO	0	KY EO*	3/1, 5/15, 8/15, 11/15	State	*Required for foreign companies if deposit held in KY
	111	Affidavit Covering Finance Committee	KY EO	0	0	3/1	State	
	112	Schedule of Miscellaneous Investments (Form 460 and 470)	KY EO	0	0	3/1, 5/15, 8/15, 11/15	State	
	113	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	KY EO	0	0	3/1	State	
	114	Direct Business Page (State Page)	KY EO	1	0	3/1	NAIC	
	115	Direct Economic Impact of KY Captive During Current Reporting Year (Form CI-150) Captive RRGs Only	KY EO	0	0	3/1	State	
	116	Certificate of Advertising (Form 440)	KY EO	0	KY EO	3/1	State	

*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**

For Companies to Use Checklist	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Contacts:
		Primary: Rodney Hugle & Ardena Rogers
	Kentucky Department of Insurance	Rodney.Hugle@ky.gov & ArdenaK.Rogers@ky.gov
	Financial Standards and Examination Division	Secondary: Victoria Lloyd
	Mayo-Underwood Building 500 Mero Street 2SE11 P.O. Box 517	Victoria.Lloyd@ky.gov
	Frankfort, KY 40601	
	Phone Number: 502-564-6082	Phone Number: 502-564-6082
	Division e-mail: DOI.FinancialStandardsMail@ky.gov	
		Division e-mail
		DOI.FinancialStandardsMail@ky.gov
B	Mailing Address for KY ELECTRONIC, Hand or Overnight delivery:	Mailing Address for Regular Mail:
	Department of Insurance 500 Mero Street 2SE11 Frankfort, KY 40601	Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602- 0517
	Attn. Financial Standards & Examination	Attn. Financial Standards & Division
	KY ELECTRONIC of Annual Statement	
	(http://insurance.ky.gov/). Your Annual	
	contact person should have the appropriate	
	“USERNAME”	
	and “PASSWORD” to upload Annual	
	FOR DOMESTIC COMPANY ONLY!!!	
To upload their Annual Statement documents.		
Division e-mail	Division e-mail	
DOI.FinancialStandardsMail@ky.gov	DOI.FinancialStandardsMail@ky.gov	
	Mailing Address for Filing Fees: RENEWAL FEES	Renewal fees paid online.
		Other fees mailed to the address above.
	To pay online, click on Eservices on the DOI	
	(http://insurance.ky.gov/). Your Annual	
	contact person should have the appropriate	
	“USERNAME”	

C	and “PASSWORD” to process the payment.	
D	Mailing Address for Premium Tax Payments: (see	Post Office Box:
		Department of Revenue
	Premium tax forms can be accessed on the	P.O. Box 1303
	Revenue’s website	Frankfort, KY 40602-1303
	Click on “Current Year Forms.”	OR
		Physical Address:
		Department of Revenue
		501 High Street
		Frankfort, KY 40601
		Phone Number: 502-564-4810

**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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