

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2016

(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 ½" x 14")	1	EO	xxx	3/1	NAIC	H, L, M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	H, L, M
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	
	17	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	18	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	19	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	20	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	21	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	22	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	23	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	24	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	25	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	26	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	27	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	29	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	30	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	33	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	35	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	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			
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	See Note A		Company	A
	88	Request for Exemption to File	1	N/A	See Note J		Company	J
	89	Request to File Consolidated Audited Annual Statements	1	N/A	1		Company	
	90	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	91	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	92	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	0	0	EO	3/1	State	O
	102	Certificate of Deposit	0	0	EO	3/1	State	O
	103	Filings Checklist (with Column 1 completed)	0	0	0		State	
	104	Premium Tax	See Note D	0	See Note D		State	D
	105	State Filing Fees	See Note C	0	See Note C	5/31	State	C
	106	Signed Jurat	1	0	EO	3/1, 5/15, 8/15, 11/15	NAIC	O
	107	Holding Company System Form B, C & F	1	0	See Note N		State	N

*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 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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)			
	A	<p><u>Required Filings Contact Person:</u> Donna Whitley Financial & Market Regulation Division filings@mid.ms.gov 601-359-2127</p>			
	B	<table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Physical Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201</p> </td> <td style="vertical-align: top;"> <p><u>Mailing Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079</p> </td> </tr> </table>	<p><u>Physical Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division Woolfolk State Office Building 501 N. West St., Ste. 1001 Jackson, MS 39201</p>	<p><u>Mailing Address:</u> Mississippi Insurance Department Attention: Financial & Market Regulation Division P O Box 79 Jackson, MS 39205-0079</p>	
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	C	<p><u>Filing Fees:</u></p> <ul style="list-style-type: none"> • Filing Fees are due May 31st. • The Department will invoice the filing fees with the company's license renewal fee • The Department no longer accepts the payment of fees with the filings. (i.e. The Department will no longer accept the \$50.00 filing fee with the submission of the quarterly financial statements or certificates) • Any questions regarding the payment of filing fees should be addressed to filings@mid.ms.gov 			
	D	<p><u>Property & Casualty Insurers Premium Tax Payments:</u></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Physical Address:</u> Mississippi Department of Revenue 1577 Springridge Rd Raymond, Ms 39154 Attn: Charmin Tillman or Derrick Barnes</p> </td> <td style="vertical-align: top;"> <p><u>Mailing Address:</u> MS. Dept. of Revenue P O Box 23075 Jackson, Ms 39225-3075</p> </td> </tr> </table> <p><u>Risk Retention Groups Premium Tax Payment:</u></p> <p><u>Mailing Address:</u> Mississippi Insurance Department Attn: Accounting Division P O Box 79 Jackson, MS 39205-0079 601-359-3569</p>	<p><u>Physical Address:</u> Mississippi Department of Revenue 1577 Springridge Rd Raymond, Ms 39154 Attn: Charmin Tillman or Derrick Barnes</p>	<p><u>Mailing Address:</u> MS. Dept. of Revenue P O Box 23075 Jackson, Ms 39225-3075</p>	
<p><u>Physical Address:</u> Mississippi Department of Revenue 1577 Springridge Rd Raymond, Ms 39154 Attn: Charmin Tillman or Derrick Barnes</p>	<p><u>Mailing Address:</u> MS. Dept. of Revenue P O Box 23075 Jackson, Ms 39225-3075</p>				
	E	<p><u>Delivery Instructions:</u> All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, the due date is the next business day.</p>			
	F	<p><u>Late Filings:</u> Pursuant to Miss. Code Ann. § 83-5-69, company shall pay \$100 for each day's neglect, and upon notice by the commissioner to that fact, its authority to do new business shall cease while such default continues.</p>			
	G	<p><u>Original Signatures:</u> Original wet signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.</p>			

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	H	<u>Signature/Notarization/Certification:</u> The statement shall be sworn to by the president or vice president and secretary or treasurer or chief managing agent or officer of such company	
	I	<u>Amended Filings:</u> Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filings, then same should be followed for any amendment.	
	J	<u>Exceptions from normal filings:</u> Foreign companies shall submit a written request by electronic filing of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Mississippi. You may submit the request to filings@mid.ms.gov Domestic companies shall apply at least 10 days prior to the original due date via contact with your analyst.	
	K	<u>Bar Codes (State or NAIC):</u> NAIC Annual Statement Instructions should be followed.	
	L	<u>Signed Jurat:</u> The Department requires the filing of a signed Jurat for domestic and foreign companies.	
	M	<u>NONE Filings:</u> NAIC Annual Statement Instructions should be followed.	
	N	<u>Filings new, discontinued or modified materially since last year:</u> Foreign companies which do not have a Holding Company law similar to Mississippi are required to file pursuant to Miss. Code Ann. § 83-6-3	
	O	Electronic Filings: Foreign insurers shall file an electronic copy with the Department via the Document Submission Portal on or before the statutory due date. To access the Document Submission Portal, please click on the following link: http://www.mid.ms.gov/companies/filing-submission-portal.aspx Please note that no hard copy filings are required. Should there be any questions concerning use of the Portal, please contact filings@mid.ms.gov . All domestic insurers are still required to submit annual and quarterly filings by paper copy to the Departments as well as electronically to the NAIC by the statutory due date.	

**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 mailing 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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