

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2020

| (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"X14") | 2 | EO | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 2 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 12 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | |
| | 13 | Life Supplemental Data due March 1 | 2 | EO | xxx | 3/1 | NAIC | |
| | 14 | Life Supplemental Data due April 1 | 2 | EO | xxx | 4/1 | NAIC | |
| | 15 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 2 | EO | xxx | 3/1 | Company | |
| | 16 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company | |
| | 17 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 18 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC | |
| | 19 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 20 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | |
| | 21 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 22 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 23 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC | |
| | 24 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 25 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | Filing required for MCO only |
| | 26 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | xxx | 4/1 | NAIC | |
| | 27 | Supplemental Health Care Exhibit's Allocation Report | 2 | EO | xxx | 4/1 | NAIC | |
| | 28 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | 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 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 66 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 67 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 68 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 69 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | EO | N/A | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | xxx | N/A | N/A | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | |

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|----------------------------------|---------------|--|--------------------------|------|---------|-----------------|----------------------|--|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 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 | N/A | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | | EO | xxx | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | | N/A | N/A | | Company | COMAR 31.05.11.03 |
| V. STATE REQUIRED FILINGS | | | | | | | | |
| | 101 | Corporate Governance Annual Disclosure | 1 | 0 | xxx | 6/1 | Company | Refer to Title 4, Subtitle 5 of the Insurance Article |
| | 102 | Holding Company Registration Statement (Forms B&C) | 1 | 0 | xxx | 5/1 | State | Refer to section 7-601 of Insurance Article |
| | 103 | Insurance Holding Company system Model Regulation, Form F, Enterprise Risk Report (Model 450-27) | 1 | 0 | xxx | 7/1 | NAIC | Refer to Section 7-603(h) of the Insurance Article |
| | 104 | ORSA | 1 | 0 | xxx | | NAIC | Refer to Title 32 of Insurance Article |
| | 105 | Premium Tax | 1 | 0 | 1 | 3/15 | State | 6-102 of the Insurance Article |
| | 106 | Health Care Assessment | 1 | 0 | xxx | 3/15 | State | 6-102.1 of the Insurance Article |
| | 107 | Annual Assurance Statement | 1 | 0 | xxx | 3/1 | Company | Filing added by State |
| | 108 | Segregation Plan | 1 | 0 | xxx | 3/1 | Company | Filing added by State |
| | 109 | Certificate of Compliance for Advertising | 1 | 0 | 1 | 3/1 | Company | Email coca.mia@maryland.gov. Contact person Salama Karim-Camara 410-468-2393 |
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*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.

| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|--|---|---|--|
| | A | Required Filings Contact Person: Lynn Beckner (410) 468-2126 lynn.beckner@maryland.gov | |
| | B | Mailing Address: Maryland Insurance Administration Examination & Auditing Unit 200 St. Paul Place, Suite 2700 Baltimore, MD 21202 | |
| | C | Mailing Address for Filing Fees: Maryland Insurance Administration ATT: Rauf Ibatulin 200 St. Paul Place, Suite 2700 Baltimore, MD 21202 | |
| | D | Mailing Address for Premium Tax Payments: Maryland Insurance Administration ATT: Rauf Ibatulin 200 St. Paul Place, Suite 2700 Baltimore, MD 21202 | |
| | E | Delivery Instructions: Postmark on or before due date | |
| | F | Late Filings: Subject to penalty and interest | |
| | G | Original Signatures: Yes | |
| | H | Signature/Notarization/Certification: Yes | |
| | I | Amended Filings: Yes | |
| | J | Exceptions from normal filings: Approval must be in writing | |
| | K | Bar Codes (State or NAIC): NAIC | |
| | L | Signed Jurat: | Signed Jurat page is no longer required for foreign insurers. Refer to "Reports Due from Regulated Entities to the Maryland Insurance Administration" found on the MIA website at http://insurance.maryland.gov/Insurer/Pages/CompanyFilingRequirements.aspx , under Summary of Maryland Required Filings |
| | M | NONE Filings: Yes | |

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|--|---|--|--|
| | N | Filings new, discontinued or modified materially since last year: No | |
| | O | Line 103, Insurance Holding Company System Model Regulation, Form F, Enterprise Risk Report (Model 450-27) | Refer to Section 7-603(h) of the Insurance Article |
| | P | Line 107, Requirement for Issuers of QHPs in Maryland: Annual Assurance Statement, MIA Bulletin 13-24 | Refer to MIA Bulletin 13-24 at http://insurance.maryland.gov/Insurer/Documents/bulletins/bulletin-13-24-nelson-amendment-073113.pdf and “Reports Due from Regulated Entities to the Maryland Insurance Administration” found on the MIA website at http://insurance.maryland.gov/Insurer/Pages/CompanyFilingRequirements.aspx , under Summary of Maryland Required Filings |
| | Q | Line 108, Requirement for Issuers of QHPs in Maryland: Segregation Plan, MIA Bulletin 13-24 | Refer to MIA Bulletin 13-24 at http://insurance.maryland.gov/Insurer/Documents/bulletins/bulletin-13-24-nelson-amendment-073113.pdf and “Reports Due from Regulated Entities to the Maryland Insurance Administration” found on the MIA website at http://insurance.maryland.gov/Insurer/Pages/CompanyFilingRequirements.aspx , under Summary of Maryland Required Filings |
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