

PROPERTY & CASUALTY INSURERS

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 1/2" x 14")	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 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	xxx	5/1	NAIC	
					xxx			
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	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	xxx	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	25	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
	29	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	
	30	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	
	31	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	32	Schedule SIS	2	N/A	xxx	3/1	NAIC	
	33	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	2	N/A	xxx	3/1	NAIC	
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	
	37	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	
	39	Trusteed Surplus Statement	2	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	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	

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			Domestic		Foreign			
			State	NAIC	State			
	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	1	EO	xxx	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	xxx	N/A	xxx		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	xxx	8/1	Company	
	85	Independent CPA (change)	1	N/A	xxx		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	xxx	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	xxx		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	1	EO	xxx	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	xxx	6/1	Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	xxx	6/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure	1	0	xxx		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	AIC	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	Maryland Retaliatory Deposit Schedule	1	0	xxx	4/1		For Arizona, California or Massachusetts companies writing Workers' Compensation in Maryland

*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: Examination and Auditing Unit Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202		
C	Mailing Address for Filing Fees: Attn: Rauf Ibatulin Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202		
D	Mailing Address for Premium Tax Payments: Attn: Rauf Ibatulin Maryland Insurance Administration 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		
N	Filings new, discontinued or modified materially since last year: Yes		
	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