**PROPERTY & CASUALTY INSURERS**

**COMPANY NAME: NAIC Company Code:**

**Contact: Telephone:**

**REQUIRED FILINGS IN THE STATE OF:CONNECTICUT Filings Made During the Year 2024**

**PLEASE BE ADVISED THAT AS SET FORTH IN BULLETIN FS-46, ANNUAL AND QUARTERLY FINANCIAL STATEMENT FILINGS SHALL BE FILED ELECTRONICALLY WITH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS. FILING PAPER COPIES OF FINANCIAL STATEMENTS WITH THE INSURANCE COMMISSIONER IS NOT REQUIRED.**

| (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”) | EO | EO | xxx | 3/1 | NAIC |  |
|  | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | EO | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 2 | Quarterly Financial Statement (8 ½” x 14”) | EO | EO | xxx | 5/15, 8/15, 11/15 | NAIC |  |
|  | 3 | Protected Cell Annual Statement | EO | 0 | xxx | 3/1 | NAIC |  |
|  | 4 | Combined Annual Statement (8 ½” x 14”) | EO | EO | EO | 5/1 | NAIC |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **II. NAIC SUPPLEMENTS** |  | | | | | |
|  | 11 | Accident & Health Policy Experience Exhibit | EO | EO | xxx | 4/1 | NAIC |  |
|  | 12 | Actuarial Opinion | EO | EO | xxx | 3/1 | Company | “S” |
|  | 13 | Actuarial Opinion Summary | EO | N/A | xxx | 3/15 | Company |  |
|  | 14 | Bail Bond Supplement | EO | EO | xxx | 3/1 | NAIC |  |
|  | 15 | Combined Insurance Expense Exhibit | EO | EO | EO | 5/1 | NAIC |  |
|  | 16 | Credit Insurance Experience Exhibit | EO | EO | xxx | 4/1 | NAIC |  |
|  | 17 | Cybersecurity and Identity Theft Insurance Coverage Supplement | EO | EO | xxx | 4/1 | NAIC |  |
|  | 18 | Director and Officer Insurance Coverage Supplement | EO | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 19 | Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses | EO | EO | xxx | 3/1 | NAIC | “N” |
|  | 20 | Financial Guaranty Insurance Exhibit | EO | EO | xxx | 3/1 | NAIC |  |
|  | 21 | Insurance Expense Exhibit | EO | EO | xxx | 4/1 | NAIC |  |
|  | 22 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | EO | EO | xxx | 4/1 | NAIC |  |
|  | 23 | Long-Term Care Experience Reporting Forms | EO | EO | xxx | 4/1 | NAIC |  |
|  | 24 | Management Discussion & Analysis | EO | EO | xxx | 4/1 | Company |  |
|  | 25 | Market Conduct Annual Statement Premium Exhibit for Year | EO | EO | xxx | 3/1 | NAIC | “N” |
|  | 26 | Medicare Part D Coverage Supplement | EO | EO |  | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 27 | Medicare Supplement Insurance Experience Exhibit | EO | EO | xxx | 3/1 | NAIC |  |
|  | 28 | Mortgage Guaranty Insurance Exhibit | EO | EO | xxx | 4/1 | NAIC |  |
|  | 29 | Premiums Attributed to Protected Cells Exhibit | EO | EO |  | 3/1 | NAIC |  |
|  | 30 | Private Flood Insurance Supplement | EO | EO |  | 4/1 | NAIC |  |
|  | 31 | Reinsurance Attestation Supplement | EO | EO | xxx | 3/1 | Company |  |
|  | 32 | Exceptions to Reinsurance Attestation Supplement | EO | N/A | xxx | 3/1 | Company |  |
|  | 33 | Reinsurance Summary Supplemental | EO | EO | xxx | 3/1 | NAIC |  |
|  | 34 | Risk-Based Capital Report | EO | EO |  | 3/1 | NAIC |  |
|  | 35 | Schedule SIS | EO | N/A | N/A | 3/1 | NAIC |  |
|  | 36 | Supplement A to Schedule T | EO | EO |  | 3/1, 5/15, 8/15, 11/15 | NAIC |  |
|  | 37 | Supplemental Compensation Exhibit | EO | N/A | N/A | 3/1 | NAIC | “Q” |
|  | 38 | Supplemental Health Care Exhibit (Parts 1 and 2 ) | EO | EO |  | 4/1 | NAIC | “N” |
|  | 39 | Supplemental Investment Risk Interrogatories | EO | EO |  | 4/1 | NAIC |  |
|  | 40 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | EO | EO |  | 3/1 | NAIC |  |
|  | 41 | Trusteed Surplus Statement | EO | 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 |  |
|  | 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 | EO | EO | N/A | 6/1 | Company |  |
|  | 82 | Audited Financial Reports | EO | EO |  | 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 – No unremediated material weaknesses | EO | EO | N/A | 6/1 | Company |  |
|  | 84.1 | Communication of Internal Control Related Matters Noted in Audit – Unremediated material weakness | EO | EO | N/A | 8/1 |  |  |
|  | 85 | Independent CPA (change) | EO | N/A | N/A | Within 5 days of this event | Company |  |
|  | 86 | Management’s Report of Internal Control Over Financial Reporting | EO | N/A | N/A | 8/1 | Company |  |
|  | 87 | Notification of Adverse Financial Condition | EO | N/A | N/A |  | Company |  |
|  | 88 | Relief from the five-year rotation requirement for lead audit partner | EO | EO |  | 3/1 | Company |  |
|  | 89 | Relief from the one-year cooling off period for independent CPA | EO | EO |  | 3/1 | Company |  |
|  | 90 | Relief from the Requirements for Audit Committees | EO | EO |  | 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 |  | Company |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **V. STATE REQUIRED FILINGS\*\*\*** |  | | | | | |
|  | 101 | Corporate Governance Annual Disclosure\*\*\* | EO | 0 | N/A | 6/1 | Company | “W” |
|  | 102 | Filings Checklist (with Column 1 completed) | EO | 0 | EO | 3/1, 5/15, 8/15, 11/15 | State | “T” |
|  | 103 | Form B &C -Holding Company Registration Statement | EO | 0 | N/A | 6/1 | Company |  |
|  | 104 | Form F-Enterprise Risk Report \*\*\*\* | EO | 0 | EO |  | Company | “W” |
|  | 105 | ORSA \*\*\*\*\* | EO | 0 | N/A | Annually | Company | “W” |
|  | 109 | Group Capital Calculation **(File with lead state only)** | EO | 0 | N/A | 6/1 | NAIC |  |
|  | 110 | Accident & Health Advertising Certificate of Compliance | EO | 0 | EO | 3/1 | Company | “O” |
|  | 111 | State Page | EO | 0 | EO | 3/1, 5/15, 8/15, 11/15 | NAIC | “P” |
|  | 114 | Retention of Assets Statement | EO | 0 | N/A | 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>

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)** |  |
|  | A | Required Filings Contact Person: | Financial Analysis & Compliance Division  (860) 297-3814  E-Mail – cid.financial@ct.gov |
|  | B | Mailing Address: | Connecticut Insurance Department Express/Hand Delivery:  P.O. Box 816 Connecticut Insurance Dept.  Hartford, CT 06142-0816 153 Market Street, Floor 7  Hartford, CT 06103 |
|  | C | Mailing Address for Filing Fees: | Same as above – Checks should be made payable to Treasurer, State of Connecticut. Department will invoice companies for appropriate fees; please **do not** send fees with annual/quarterly filings |
|  | D | Mailing Address for Premium Tax Payments: | Connecticut Department of Revenue Services  P.O. Box 2990  Hartford, CT 06104-2990  (860) 541-3226 |
|  | E | Delivery Instructions: | **Domestic Company’s** filings must be submitted electronically. Filings not submitted to the NAIC should be submitted electronically via email to cid.financial@ct.gov.  **Foreign Companies** must submit an electronically filed report with the NAIC and any filings not submitted to the NAIC should be submitted electronically via email to cid.financial@ct.gov.  **If sent electronically to the NAIC they must be received by the Connecticut due date. Sunday due dates will automatically be the following Monday.** |
|  | F | Late Filings: | Companies will be fined $175 per day for a late annual statement or quarterly statement filing. |
|  | G | Original Signatures: | Wet signatures are not required. Electronic Signatures are acceptable. Foreign companies should follow the NAIC Annual Statement Instructions. |
|  | H | Signature/Notarization/Certification: | The following officers are required to sign the annual/quarterly statements:  President or Vice President, AND  Secretary or Assistant Secretary  Statements must also be notarized.  Wet signatures are not required. Electronic Signatures are acceptable. |
|  | I | Amended Filings: | Domestic companies are instructed to refer to Conn. General Statute §38a-53a. |
|  | J | Exceptions from normal filings: | Please follow the NAIC Annual Statement Instructions. |
|  | K | Bar Codes (State or NAIC): | Please follow the NAIC Annual Statement Instructions. |
|  | L | Signed Jurat: | Wet signatures are not required. Electronic Signatures are acceptable. |
|  | M | NONE Filings: | Please follow the NAIC Annual Statement Instructions. |
|  | N | Filings new, discontinued or modified materially since last year: | **Life and Health**   * Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. * Modify the Analysis of Operations by Lines of Business in the Health Blank to include all of health lines of business included in the Life/Fraternal Analysis of Operations by Lines of Business – Accident and Health. Add the Health Blank Analysis of Operations by Lines of Business as a supplement to the Life/Fraternal Blank.   **Property**   * Add a new supplement Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit Of Premiums And Losses (State Page). * Effective first quarter 2024: Separate Pet Insurance from the Inland Marine line of business into its own line within the Underwriting and Investment Exhibits, Exhibit of Premiums and Losses (State Page), Premiums Attributed to Protected Cells Exhibit, and Insurance Expense Exhibit. Add new Schedule P Parts 1 through 4, specific to Pet Insurance.   **All statement types (except Title)**   * Remove Supplemental Health Care Exhibit Part 3 and Supplemental Health Care Exhibit’s Expense Allocation Report. * Add an exhibit to identify states where the company meets the thresholds to require filing the Market Conduct Annual Statement (MCAS).   **All statement types**  Add instructions for the appointed actuary and qualified actuary contacts to the Jurat electronic-only section. |
|  | O | Accident & Health Advertising Certificate of Compliance | Companies are referred to §38a-819-18(B) of the Regulations of Connecticut State Agencies for further details. Certificates only required for companies reporting accident and health premiums. |
|  | P | State Page – Quarterly Supplement Property & Casualty Companies: | Both domestic and foreign companies are required to file with each quarterly statement a hard copy of page 19 of the annual statement blank reflecting the year-to-date quarterly data. |
|  | Q | Supplemental Compensation Exhibit – Domestic Companies Only: | If Connecticut General Statute section 38a-69a(b) is applicable to your Company the exhibit will be held confidential if you attach an affidavit to a copy of the exhibit showing only the three most highly compensated officers attesting that the Company is a nonprofit insurer and has fewer than 150 employees. This affidavit and redacted exhibit will be available for public inspection. |
|  | R | Separate Account Investment Certification – Domestic Companies Only: | Officer compliance certification with C.G.S. 38a-102c as it relates to separate account guarantees. Refer to C.G.S. section 38a-102(d) |
|  | S | Actuarial Opinion Summary – Property & Casualty Companies: | This is a confidential filing and should be sent under separate cover. |
|  | T | Filing Checklist: | A Checklist with column 1 completed is required to be submitted with all required hard copy filings. |
|  | U | RAAIS – Domestic Life and Fraternal Societies | This is a confidential filing and should be sent under separate cover. |
|  | W | Form F, ORSA and Corporate Governance Annual Discloser | To be filed if Connecticut is the Lead State |
|  | X | HMO Out-of-Network Net Worth (Surplus) Calculation Report | Health insurers: HMO that provides out-of-network benefits pursuant to C.G.S. §38a-193(a)(7) are required to file a quarterly report demonstrating compliance with this subsection concurrent with the filing of the quarterly and annual financial statements. |

**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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