

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: New Hampshire Filings Made During the Year 2024

(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 RSA 400 A:36						
	1	Annual Statement (8 ½" x 14")	1	EO	xxx	3/1	NAIC	
	2	Printed Investment Schedule detail (Pages E01-E29)	1	EO	xxx	3/1	NAIC	
	3	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	4	Protected Cell Annual Statement	xxx	0	xxx	3/1	NAIC	
	5	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	6	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	7	Actuarial Opinion	1	EO	xxx	3/1	Company	
	8	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	9	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	10	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	11	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	
	13	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	14	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	1	EO	xxx	3/1	NAIC	
	15	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	16	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	1	EO	xxx	4/1	NAIC	
	18	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	19	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	20	Market Conduct Annual Statement Premium Exhibit for Year	1	EO	xxx	3/1		
	21	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	23	Mortgage Guaranty Insurance Exhibit	1	EO	xxx	4/1	NAIC	
	24	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	25	Private Flood Insurance Supplement	1	EO	xxx	4/1	NAIC	
	26	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	27	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	28	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	29	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	30	Schedule SIS	1	N/A	xxx	3/1	NAIC	
	31	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Supplemental Compensation Exhibit	1	N/A	xxx	3/1	NAIC	
	33	Supplemental Health Care Exhibit (Parts 1 and 2)	1	EO	xxx	4/1	NAIC	
	34	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	35	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	1	EO	xxx	3/1	NAIC	
	36	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	37	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	38	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	39	Risk-Based Capital Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	40	Risk-Based Capital .PDF Filing	xxx	EO	xxx	3/1	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			
			State	NAIC				
	41	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	42	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	43	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	44	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	45	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	46	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	47	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS RSA 400 A: 36 and NH Ins. 4500-Annual Financial Reporting						
	48	Accountants Letter of Qualifications	1	EO	xxx	6/1	Company	
	49	Audited Financial Reports	1	EO	xxx	6/1	Company	
	50	Audited Financial Reports Exemption Affidavit	1	N/A	xxx		Company	
	51	Communication of Internal Control Related Matters Noted in Audit	1	EO	xxx	8/1	Company	
	52	Independent CPA (change)	1	N/A	xxx		Company	
	53	Management's Report of Internal Control Over Financial Reporting	1	N/A	xxx	8/1	Company	
	54	Notification of Adverse Financial Condition	1	N/A	xxx		Company	
	55	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	56	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	57	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	58	Request to File Consolidated Audited Annual Statements	1	N/A	xxx		Company	
	59	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	xxx		Company	
		V. STATE REQUIRED FILINGS***						
	60	Corporate Governance Annual Disclosure*** RSA 401-D:3	1	0	xxx	6/1	Company	Lead State only
	61	Filings Checklist (with Column 1 completed)	1	0	xxx		State	
	62	Form B-Holding Company Registration Statement RSA 401-B:4 and NH Ins. 1500 Section 1501.12 and 1501.13	1	0	xxx	8/1	Company	
	63	Form F-Enterprise Risk Report **** RSA 401-B4 and NH Ins. 1500 Section 1501.18	1	0	xxx	8/1	Company	Lead State only
	64	ORSA ***** RSA 401-C	1	0	xxx	9/1	Company	Lead State only
	65	Premium Tax RSA 400-A	1	0	1	3/15	State	Contact Amy Duhaime
	66	State Filing Fees RSA 400-A	1	0	1	3/15	State	Renewals on Premium Tax Form
	67	Signed Jurat	1	0	xxx		NAIC	
	68	Group Capital Calculation (File with lead state only) RSA 401	1	0	xxx	8/1	Company	Lead State only

*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:	<p>Domestic-Patricia Gosselin Patricia.M.Gosselin@ins.nh.gov</p> <p>Foreign-Linda Zalinskie Linda.M.Zalinskie@ins.nh.gov</p> <p>Taxes-Amy Duhaime premiumtax@ins.nh.gov</p> <p>P&C MCAS-Douglas Rees Douglas.P.Rees@ins.nh.gov</p>
	B	Mailing Address:	21 South Fruit Street, Suite 14 Concord NH, 03301
	C	Mailing Address for Filing Fees:	21 South Fruit Street, Suite 14 Concord NH, 03301
	D	Mailing Address for Premium Tax Payments:	21 South Fruit Street, Suite 14 Concord NH, 03301 Attn: Amy Duhaime
	E	Delivery Instructions:	
	F	Late Filings:	<p>Taxes-Amy Duhaime</p> <p>Annual and Quarterly Statements-Company will be fined \$25.00 per day for a late filing.</p> <p>Company's license may be suspended.</p> <p>P&C MCAS-Douglas Rees Douglas.P.Rees@ins.nh.gov</p>
	G	Original Signatures:	<p>Original signatures are required on all filings from Domestic Companies.</p> <p>Tax Forms must have original signatures.</p>
	H	Signature/Notarization/Certification:	Annual and Quarterly Statements must be Notarized.
	I	Amended Filings:	<p>Domestic-Patricia Gosselin Patricia.M.Gosselin@ins.nh.gov</p> <p>Foreign-Linda Zalinskie Linda.M.Zalinskie@ins.nh.gov</p> <p>Taxes-Amy Duhaime premiumtax@ins.nh.gov</p> <p>P&C MCAS-Douglas Rees Douglas.P.Rees@ins.nh.gov</p>
	J	Exceptions from normal filings:	Domestic Companies should apply at least 30 days prior to the due date to receive an exemption or extension.
	K	Bar Codes (State or NAIC):	N/A
	L	Signed Jurat:	Original Signatures required on all filings from Domestic

			Companies
	M	Administrative Assessment Invoices RSA 400-A:39	Not subject to RRG's Due within 45 days of invoice date Contact-Jennifer Goodwin premiumtax@ins.nh.gov

**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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