**PROPERTY & CASUALTY INSURERS**

**COMPANY NAME: NAIC Company Code:**

**Contact: Telephone:**

**REQUIRED FILINGS IN THE STATE OF:** **NEW HAMPSHIRE 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 |  |
|  | 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 |  |
|  | 3 | Protected Cell Annual Statement | xxx | 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 | Send separately Mark Confidential |
|  | 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 |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **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 | 1 | 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 | N/A |  | Company |  |
|  | 88 | Request for Exemption to File | 1 | N/A | N/A |  | Company |  |
|  | 89 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A |  | Company |  |
|  | 90 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company |  |
|  | 91 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company |  |
|  | 92 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **V. STATE REQUIRED FILINGS\*\*\*** |  | | | | | |
|  | 101 | Certificate of Compliance | 1 | 0 | xxx |  | State |  |
|  | 102 | Certificate of Deposit | 1 | 0 | xxx |  | State |  |
|  | 103 | Filings Checklist (with Column 1 completed) | 1 | 0 | xxx |  | State |  |
|  | 104 | Premium Tax | 1 | 0 | 1 |  | State | Contact [Donna.Arcand@ins.nh.gov](mailto:Donna.Arcand@ins.nh.gov) for more info |
|  | 105 | State Filing Fees | 1 | 0 | 1 |  | State | Contact [Donna.Arcand@ins.nh.gov](mailto:Donna.Arcand@ins.nh.gov) for more info |
|  | 106 | Signed Jurat | xxx | 0 | xxx |  | NAIC |  |
|  | 107 |  |  |  |  |  |  |  |
|  | 108 |  |  |  |  |  |  |  |
|  | 109 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\*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>

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| --- | --- | --- | --- |
|  |  | **NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)** |  |
|  | A | Required Filings Contact Person: | **Domestic**- Mary Verville [Mary.Verville@ins.nh.gov](mailto:Mary.Verville@ins.nh.gov),  Cynthia Ginsberg [Cynthia.Ginsberg@ins.nh.gov](mailto:Cynthia.Ginsberg@ins.nh.gov),  Bukola Fagbemi [Bukola.Fagbemi@ins.nh.gov](mailto:Bukola.Fagbemi@ins.nh.gov),  Stephanie Woods  Stephanie.Woods @ins.nh.gov  **Foreign** – Mary Verville  [Mary.Verville@ins.nh.gov](mailto:Mary.Verville@ins.nh.gov),  **Taxes** – Donna Arcand,  Donna.Arcand@ins.nh.gov |
|  | 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  ATTN: Donna Arcand |
|  | D | Mailing Address for Premium Tax Payments: | 21 South Fruit Street, Suite 14, Concord, NH 03301  ATTN: Donna Arcand |
|  | E | Delivery Instructions: | Premium Taxes must be mailed separately from Annual Statement filings. Postmark is accepted. |
|  | F | Late Filings: | **Taxes** – Contact Donna Arcand  **Annual Statement** – company will be fined $25.00 per day for a late filing. Company’s license may be suspended. |
|  | G | Original Signatures: | Original signatures required on all filings from domestic companies. Tax forms must have original signatures. |
|  | H | Signature/Notarization/Certification: | Annual Statements and Premium Tax forms must be notarized. |
|  | I | Amended Filings: |  |
|  | J | Exceptions from normal filings: | Domestic companies should apply at least 30 days prior to the due date to receive any exemption or extension. |
|  | K | Bar Codes (State or NAIC): | N/A |
|  | L | Signed Jurat: | Originals signatures required on all filings from domestic companies. |
|  | M | NONE Filings: |  |
|  | N | Filings new, discontinued or modified materially since last year: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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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