

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Oklahoma 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"X14") | 1 | EO | xxx | 3/1 | NAIC | G, K |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 1 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | G, K |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 12 | Actuarial Opinion | 1 | EO | xxx | 3/1 | Company | |
| | 13 | Life Supplemental Data due March 1 | 1 | EO | xxx | 3/1 | NAIC | |
| | 14 | Life Supplemental Data due April 1 | 1 | EO | xxx | 4/1 | NAIC | |
| | 15 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 1 | EO | xxx | 3/1 | Company | |
| | 16 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 1 | EO | xxx | 3/1 | Company | |
| | 17 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 18 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 1 | EO | xxx | 4/1 | NAIC | |
| | 19 | Long-Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | |
| | 20 | Management Discussion & Analysis | 1 | EO | xxx | 4/1 | Company | |
| | 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 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | |
| | 24 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 25 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 26 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1 | EO | xxx | 4/1 | NAIC | |
| | 27 | Supplemental Health Care Exhibit's Allocation Report | 1 | EO | xxx | 4/1 | NAIC | |
| | 28 | Supplemental Investment Risk Interrogatories | 1 | 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 | xxx | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 12/1 | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | 12/1 | Company | |

| (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 | | | |
| | 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 | Within 10 days of finding | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | N/A | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | N/A | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | N/A | 3/1 | Company | |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Corporate Governance Annual Disclosure*** | 1 | 0 | N/A | 6/1 | Company | R |
| | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | EO | 3/1 | State | S |
| | 103 | Holding Company Registration (Form B&C) and fee (Hard Copy and electronic filing) | 1 | 0 | 0 | 5/1 | Company | R |
| | 104 | Form F-Enterprise Risk Report **** | 1 | 0 | 0 | 5/1 | Company | R |
| | 105 | ORSA***** | 1 | 0 | 0 | 12/31 | Company | |
| | 106 | Premium Tax Return with Payment Voucher including a copy of the State Page (OPTins required) | EO | 0 | EO | 3/1 | State | M, N, O, P, Q, S |
| | 107 | Quarterly Estimated Premium Tax Payments with Payment Vouchers (OPTins required) | EO | 0 | EO | 4/15, 6/15, 9/15, 12/15 | State | P, Q, S |
| | 108 | Jurat Page | 0 | 0 | EO | 3/1 | NAIC | S |
| | 109 | Certificate of Compliance | 0 | 0 | EO | 3/1 | State | S |
| | 110 | Certificate of Deposit | 0 | 0 | EO | 3/1 | State | S |
| | 111 | Agreement and Application Form | EO | 0 | EO | 3/1 | State | S |
| | 112 | Certificate of Compliance of Advertisements | EO | 0 | EO | 3/1 | NAIC | S |
| | 113 | Uniform Consent to Service of Process (with separate payment) | If Applicable | 0 | If Applicable | 3/1 | State | F |
| | 114 | List of the providers who have executed a contract that complies with the provisions of Title 36 § 6913(D)(1) | 1 | 0 | 1 | 3/1 | Company | J |
| | 115 | Description of the grievance procedures | 1 | 0 | 1 | 3/1 | Company | J |
| | 116 | Total number of grievances handled through these procedures, a compilation of the causes underlying those grievances, and a summary of the final disposition of those grievances | 1 | 0 | 1 | 3/1 | Company | J |

*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 Division – (405) 521-3966 Premium Tax - (405) 521-3967 |
| | B | <u>New Mailing Address:</u> effective 1/15/2020 Prior address: 3625 N.W. 56 th Street, Suite 100 Oklahoma City, OK 73112 | New Address via U.S. Mail or Courier: Oklahoma Insurance Department Financial Division 400 NE 50 th Street Oklahoma City, OK 73105-1816 |
| | C | Mailing Address for Filing Fees: | Same as B. |
| | D | Delivery Instructions: | D-1: All filings are due on or before the dates indicated. D-2: Postmarks are acceptable. If the due date falls on a weekend or a holiday, the deadline is extended to the next business day. Metered mail must have a manually applied postmark to qualify as acceptable proof of mailing date. |
| | E | Late Filings: | A penalty of the greater of \$250.00 or \$100.00 per day will be assessed for late filings. (36 O.S. §311.1(B)). A penalty of \$500.00 per day will be assessed for late Holding Company filings. (36 O.S. §1643). Late tax payments will carry an additional penalty of 10% of the tax due plus 6% interest per annum until paid. (36 O.S. §630) |
| | F | Original Signatures: | Original (wet) signatures are required on all documents requiring a signature. |
| | G | Signature/Notarization/Certification/Jurat: | Domestic insurers: Original (wet) and Notarized signatures are required with the Company Seal affixed on any Jurat Page filed. |
| | H | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in F and G. Electronic filings of the corrections must be filed with NAIC. |
| | I | Exceptions from normal filings: | Foreign Companies must provide a written copy of any exemption or extension received from its State of Domicile at least 10 days prior to the filing due date in order to receive such from Oklahoma. Domestic Companies must apply prior to December 1 to receive exemption. |
| | J | Filings new, discontinued or modified materially since last year: | #114-116 on the checklist are newly added to this list, but not new requirements for HMOs. Please see Title 36 § 6909 listing these required annual documents. |
| | K | Company Seal: | The Company Seal must be applied to the following document: Jurat Page. |
| | L | Bar Codes (State or NAIC): | Follow the directions in the NAIC Annual Statement Instructions. |
| | M | State Business Page: | A copy of the State Business Page must accompany the Premium Tax Return. If the State Business Page is “NONE”, then mark and file the page as “NONE”. |
| | N | NONE Filings: | “NONE” filings must be made. Failure to file a “NONE” document will be treated as a filing violation. The only exception is the Designation of Agent filing, which is only required if a change has occurred. |
| | O | Payments of Licenses, Fees, and Taxes: | O-1: Include annual license fee, review fee, fire marshal tax, and retaliatory tax if applicable. (OPTins mandated) O-2: For late payment fee, see E above. |
| | P | Premium Tax Forms: | OPTins mandated, see S below. |
| | Q | Worksheets: | Oklahoma Premium Tax Credits Worksheet is provided in OPTins to aid in the calculation of Home Office Credit, Historic Rehabilitation |

| | | | |
|--|---|--------------------------|---|
| | | Q continued: | Credit, OCIB Credit, and Affordable Housing Credit |
| | R | Holding Company Filings: | <p>ALL Holding Company filings MUST be filed electronically in PDF format in addition to the hard copy filing. The filings should be emailed to:</p> <p>HCAFilings@oid.ok.gov</p> <p>This applies to Forms A, B, C, D, E, F, R, including all supplements/attachments thereto. (The OID firewall limits total email size to 10MB or less. Use of secured website mail is NOT acceptable.) If file is larger than 10MB, please email HCAFilings@oid.ok.gov for instructions.</p> |
| | S | OPTins | <p>Please refer to the OPTins State Participation Page for a list of due dates:</p> <p>http://www.optins.org/state_participation.htm</p> |
| | | | |

**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 Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly.PDF Filing* is the .pdf file for quarterly statement data.

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 have chosen 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 (generally, on the state web site). 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.

w:\qa\blanks\checklists\2019 filings made in 2020\2 hlthcklist_2019_filingsmade2020.docx