

HEALTH ENTITIES

(1) Check-list	(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			
	19	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A,F,S
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	22	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC 5/15, 8/15, 11/15	NAIC	O
	23	Property/Casualty Supplement Due March 1	1	EO	xxx	3/1 Foreign CI, PC 3/31 Domestic CI, PC	NAIC	O
	24	Property/Casualty Supplement Due April 1	1	EO	xxx	3/1 Foreign CI, PC 3/31 Domestic CI, PC	NAIC	O
	25	Risk-Based Capital Report	1	EO	xxx	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	A,O,Q
	26	Schedule SIS	1	N/A	N/A	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	0	1	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	51	March .PDF Filing	0	1	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	52	Risk-Based Capital Electronic Filing	0	1	N/A	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	53	Risk-Based Capital .PDF Filing	0	1	N/A	3/1 Domestic PPD 3/31 Domestic HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	O
	54	Supplemental Electronic Filing	0	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	0	1	xxx	4/1	NAIC	

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			Domestic		Foreign State			
			State	NAIC				
	56	Quarterly Electronic Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	
	57	Quarterly .PDF Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	June .PDF Filing	0	1	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	ANNUALLY, 6/1	Company	A, N
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	A,F,T
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	A,J
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	A,F,T
	75	Independent CPA (change)	1	N/A	N/A	6/1	Company	A
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A,F,T
	77	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	A,F,T
	78	Request for Exemption to File	1	N/A	N/A	Prior to 6/1	Company	A,F,J
	79	Relief from five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A
	80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A
	81	Relief from the Requirement for Audit Committees	1	EO	N/A	3/1	Company	A
		V. STATE REQUIRED FILINGS						
	101	Actuarial Certification of Rates for Small Employer Health Benefits Plans and Accountable Health Plan Small Employer Base Premium Rates and Index Rates	1	0	1	4/1 HCSO, HMDO, CI, DI, LD, PC	State	X
	102	Actuarial Opinion Summary	1	0	xxx	3/31 Domestic CI, PC ONLY	Company	P, BB
	103	Annual Premium Tax Report Form E-TAX and Payment	1	0	1	3/1	State	D,N
	104	Arizona Business Only Pages, Applicable to Multi-State HCSO Only	2	0	1	3/31 Multi-State HCSO	NAIC	R
	105	Arizona State Pages 29 and Supp35 or Supp72	1	xxx	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	A,F

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			Domestic		Foreign			
			State	NAIC	State			
	106	Arizona Special Schedule P Form E-478 for Arizona Workers' Compensation Deposit	1	0	1	4/15 CI, PC	State	Z
	107	Audited Financial Report Transmittal Form E-AFR	1	0	0	6/1	State	A,F,T
	108	Audited Financial Report Internal Control Filings Transmittal Form E-AFR.IC	1	0	0	8/1	State	A,F,T
	109	Certificate of Advertising Compliance Form E-HCSO-13	1	0	1	3/31 HCSO and HMDO with HCSO operation only	State	
	110	Certificate of Disclosure Form E-178 or HMDO Certificate of Disclosure Form E-HMDO-178	2	0	1	3/1 Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	State	F,G,U
	111	Credit Life, Disability, and Unemployment Insurance Experience Report <u>and</u> Credit Property Insurance Experience Report	1	0	1	4/1 CI, DI, LD, PC	State	X
	112	Form B and C Insurance Holding Company System Registration Statement	1	0	N/A	3/31 Domestic CI, DI, LD, PC, PPD	State	Y
	113	HCSO Plan for Risk of Insolvency; Actuarial Memorandum and Certification of Rates	2	0	1	3/31 HCSO and HMDO with HCSO Operation ONLY	Company	V,W
	114	Health Entities Filings Checklist Form E-NAIC.HEALTH (Pages 1 thru 4 Only of this form with Column 1 and contact information completed)	1	0	1	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	State	A
	115	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	X
	116	Management Discussion and Analysis Transmittal - Form E-MDA	1	0	0	4/1	State	A,F,S
	117	Producer Controlled Property and Casualty Insurance Report Form E-350	1	0	0	3/31 Domestic CI, PC	State	A
	118	Records Location Information Form E-176	1	0	0	3/31 Domestic only	State	A

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			Domestic State	NAIC	Foreign State			
	119	Regulatory Asset Adequacy Issues Summary	1	0	xxx	3/15 Domestic LD Only	Company	P, AA
	120	State Filing Fees with Form E-TAX	1	0	1	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	State	C,F,N
	121	Signed Jurat	2	xxx	xxx	3/1 PPD, Foreign CI, DI, LD, PC 3/31 HCSO, HMDO 3/31 Domestic CI, DI, LD, PC	NAIC	A,L

*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.

PREPARED BY: (must complete PRINT OR TYPE CLEARLY)

NAME & TITLE

COLLECT/TOLL-FREE PHONE NUMBER

E-MAIL ADDRESS

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NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Tony McCormack Administrative Assistant III Phone: (602) 364-3245 E-mail address: AMccormack@azinsurance.gov
B	Mailing Address:	Arizona Department of Insurance ATTN: Financial Affairs Division Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269
C	Mailing Address for Annual Filing Fees: Due 3/1 Foreign CI, DI, LD, PC and all PPD Due 3/31 Domestic CI, DI, LD, PC and all HCSO, HMDO	Arizona Department of Insurance ATTN: Insurance Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins System. ALSO SEE NOTE N
D	Mailing Address for Premium Tax Payments: Premium Tax Due Dates: Due 3/1 Annual Tax Report and Payment Due 3/15, 4/15, 5/15, 6/15, 7/15, 8/15 Installment Tax Payments	Arizona Department of Insurance ATTN: Insurance Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018-7269 <u>Contact Person:</u> Susan Yepez (602) 364-3997 E-mail address: SYepez@azinsurance.gov Use forms posted on our web site at http://www.azinsurance.gov/taxunit/index.html and the NAIC OPTins System. ALSO SEE NOTE N
E	Delivery Instructions:	All packages must bear U.S. postmark or courier pick-up date. If due date is a weekend or holiday, deadline is next business day.
F	Late Filings: License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.	Up to \$25.00 per day – Annual Statement, Annual Fees, Actuarial Opinion, Management, Discussion and Analysis or Audited Financial Report. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. We use the USPS postmark or courier pick-up date as the date filed.
G	Original Signatures:	DOMESTIC: Original signatures are required on all filings except for the <u>Duplicate</u> Annual Statement.

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H	Signature/Notarization/Certification:	NOTARIZED SIGNATURES MUST BE OF AT LEAST TWO (2) OF YOUR EXECUTIVE OFFICERS, <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u>												
I	Amended Filings:	Must be filed within 10 days with explanation. Signature requirements apply.												
J	Exceptions from normal filings:	<p>EXEMPTIONS: Annual Statement filing exemption – NONE. Audited Financial Report exemptions use NAIC Annual Statement Instructions. Must be filed at least 10 days prior to due date.</p> <p>EXTENSIONS: Approved for a catastrophic event only.</p> <p>FOREIGN: Must provide a copy of an exemption/extension letter from your state of domicile.</p>												
K	Bar Codes (State or NAIC)	Use NAIC Annual Statement instructions.												
L	Signed Jurat	Domestic – Must have ORIGINAL NOTARIZED SIGNATURES OF TWO (2) OF YOUR EXECUTIVE OFFICERS <u>WHO ARE LISTED ON YOUR JURAT PAGE.</u>												
M	NONE Filings:	Every page of the annual statement must be included in sequential page number order. All State forms must be completed or stamped “None” if there are no entries on the form, and returned as instructed.												
N	Filings new, discontinued, or modified materially since last year:	Domestic companies must annually file an Accountants Letter of Qualifications. YOU MAY ELECTRONICALLY FILE & PAY TAXES AND FEES VIA NAIC OPT ins SYSTEM												
O	NAIC E-Filings:	NAIC E-Filing due date for an Arizona Domestic Company not licensed on any other state is 3/31 (ARS §20-234)												
P	Actuarial Opinion	Life/Health Insurers see ARS Title 20, Chapter 3, Article 8. Property/Casualty Insurers see ARS Title 20, Chapter 3, Article 9. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20 ALSO SEE NOTE AA or BB												
Q	Risk-Based Capital (RBC) Due 3/1- Domestic PPD Due 3/31- Domestic HCSO, HMDO, CI, DI, LD, PC	Must be a bound copy separate from the Annual Statement (not bound inside Annual Statement).												
R	Arizona Business Only Pages – HARD COPY FILING by Foreign HCSO and Domestic HCSO doing business in other states Due 3/31 Annual Due 5/15/ 8/15, 11/15 Quarterly	<p>Multi-State HCSO must file with us the following additional Annual (A/S) and Quarterly (Q/S) Statement pages reporting Arizona Business Only.</p> <p>Attach a cover sheet marked “ARIZONA BUSINESS ONLY” to file:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Page 2</td> <td style="width: 35%;">A/S AND Q/S</td> <td style="width: 50%;">Assets</td> </tr> <tr> <td>Page 3</td> <td>A/S AND Q/S</td> <td>Liabilities, Capital and Surplus</td> </tr> <tr> <td>Page 4</td> <td>A/S AND Q/S</td> <td>Statement of Revenue and Expenses</td> </tr> <tr> <td>Page 7</td> <td>A/S AND Q/S</td> <td>Analysis of Operations by Lines of Business</td> </tr> </table>	Page 2	A/S AND Q/S	Assets	Page 3	A/S AND Q/S	Liabilities, Capital and Surplus	Page 4	A/S AND Q/S	Statement of Revenue and Expenses	Page 7	A/S AND Q/S	Analysis of Operations by Lines of Business
Page 2	A/S AND Q/S	Assets												
Page 3	A/S AND Q/S	Liabilities, Capital and Surplus												
Page 4	A/S AND Q/S	Statement of Revenue and Expenses												
Page 7	A/S AND Q/S	Analysis of Operations by Lines of Business												

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S	Management Discussion and Analysis Report Transmittal Form E-MDA	Form E-MDA <u>MUST</u> be completed and attached to front cover of the Management Discussion and Analysis Report filed with us.
T	Audited Financial Report Transmittal Form E-AFR Due 6/1 Internal Control Filings Transmittal Form E-AFR.IC Due 8/1 Communication of Internal Control Related Matters Noted in an Audit must be filed even if NO unremediated material weaknesses were noted (so state).	Form E-AFR <u>MUST</u> be completed and attached to front cover of the Audited Financial Report filed with us. Form E-AFR.IC <u>MUST</u> be completed and attached to the Internal Control documents filed with us.
U	Certificate of Disclosure Forms: E-178 DUE 3/1 Foreign CI, DI, LD, PC DUE 3/31 Domestic CI, DI, LD, PC and all HCSO E-HMDO-178 DUE 3/31 HMDO	HOSPITAL, MEDICAL, DENTAL, OPTOMETRIC SERVICE CORPORATIONS must file form E-HMDO.178. The form should be directed immediately to your EXECUTIVE OFFICERS OR DIRECTORS <u>WHO ARE LISTED ON THE JURAT PAGE</u> for notarized original signatures. Incomplete certificates will not be accepted and may result in statutory penalty of \$25 per day.
V	Due 3/31- HCSO and HMDO's with an HCSO Operation HCSO Plan for Risk of Insolvency; Actuarial Memorandum and Certification of Rates	File the Actuarial Memorandum and Actuarial Certification of Rates and a report of any changes made to the Plan for Risk of Insolvency OR written confirmation that no changes were made to the Plan for Risk of Insolvency. You are not required to file the entire Plan for Risk of Insolvency each year. You are only required to report any changes to the plan OR confirm there were no changes made. ARS §20-1069
W	HCSO Significant Modifications	HCSO must report any significant modification to information previously furnished in the application for Certificate of Authority within 10 days. ARS §20-1053(B)
X	Due 3/1 HIPAA Reports Due 4/1 Other Life & Health Division Reports: 2. Credit Life, Disability, and Unemployment Insurance Experience Report 3. Credit Property Insurance Experience Report 4. Actuarial Certification of Rates for Small Employer Health Benefits Plans 5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates Call our Life and Health Division at (602) 364-2393 for assistance with these filings. Mail To: Arizona Department of Insurance ATTN: Life and Health Division 2910 North 44 th Street, Suite 210 Phoenix, Arizona 85018	<ol style="list-style-type: none">1. HIPAA Reports (due March 1) <u>must</u> be filed if you offer health insurance coverage in the individual market. ARS §20-1382. If NOT REQUIRED, please indicate on form. Use Forms HIPAA-3/1, HIPAA-I, HIPAA-II and HIPAA-III.2. Credit Life, Disability, and Unemployment Insurance Experience Report (due April 1) <u>must</u> be filed if you write credit insurance business in Arizona. A.A.C. R20-6-604.07.3. Credit Property Insurance Experience Report (due April 1) <u>must</u> be filed if you write credit property insurance in Arizona. ARS §20-1621.05 The forms above are on our web site at http://www.azinsurance.gov/insforms.html#section_two-a Scroll down to "Life and Health Division Reporting Forms." <ol style="list-style-type: none">4. Actuarial Certification of Rates for Small Employer Health Benefits Plans (due April 1) <u>must</u> be filed if you are an approved Accountable Health Plan. ARS §20-2311(E).5. Accountable Health Plan Small Employer Base Premium Rates and Index Rates (due April 1) <u>must</u> be filed if you are an approved Accountable Health

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	DO NOT send these reports in your Annual Statement package.	Plan. ARS § 20-2311(G).
Y	<p>Due 3/31 Form B and C Insurance Holding Company System Registration Statement.</p> <p>DO NOT send in Annual Statement package.</p> <p>Mail To: Arizona Department of Insurance ATTN: Financial Affairs Division- Compliance Section 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018</p>	<p>ARIZONA DOMESTIC COMPANIES ONLY</p> <p>See Forms E-185, E-185B, E-185C, E-185D, E-185XD and E-110, available on our web site at http://www.azinsurance.gov/corp_misc.html</p>
Z	Due 4/15 Arizona Special Schedule P Form E-478 , Annual Report of Arizona Workers' Compensation Losses and Loss Expenses Form E-WCA	<p>Must be filed if you write or reinsure Arizona workers' compensation insurance business.</p> <p>Forms available at http://www.azinsurance.gov/corp_misc.html</p>
AA	<p>Due 3/15 Regulatory Asset Adequacy Issues Summary ARS Title 20, Chapter 3, Article 8. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</p>	<p>ARIZONA DOMESTICS transacting LIFE insurance ONLY: Mail ONE original in envelope stamped or labeled "Confidential" to: Attention: David Lathrop, CFE, Financial Analyst <i>(see Instruction B for mailing address)</i></p>
BB	<p>Due 3/31 Actuarial Opinion Summary ARS Title 20, Chapter 3, Article 9. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=20</p>	<p>ARIZONA DOMESTICS transacting Property or Casualty insurance ONLY: File only ONE original document, stamped or labeled "Confidential" – attach it to the INSIDE cover of your <u>DUPLICATE</u> Annual Statement.</p>
CC	Health Care Supplement s Due 4/1	You are not required to file hard copies of these new Supplements with us.

HEALTH ENTITIES

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 include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes 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 Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly .PDF Filing** is the .pdf 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 (E) 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 (EX4) 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.