

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2010

(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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"X14")	2	EO	xxx	3/1	NAIC	H, J, K, L, O, Y
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO		5/15, 8/15, 11/15	NAIC	H, J, K, P, Z
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	11	Actuarial Opinion	2	EO	xxx	3/1	Company	J< K
	12	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	K
	14	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	2	EO	xxx	3/1	Company	K
	15	Life Supp Statement on par/non-par policies – Exh 5 Int. 1.1	2	EO	xxx	3/1	Company	K
	16	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	K
	17	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	K, N
	18	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, K, Q
	19	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	K
	20	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	21	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	K
	22	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	K
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	J, K
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	K
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	J, K
III. ELECTRONIC FILING REQUIREMENTS								
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	57	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	71	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	K, N
	72	Audited Financial Statements	2	EO	xxx	6/1	Company	J, K, Q, BB
	73	Audited Financial Statements Exemption Affidavit	Note	N/A	N/A		Company	J
	74	Independent CPA	Note	N/A	N/A		Company	S
	75	Notification of Adverse Financial Condition	Note	N/A	N/A		Company	T
	76	Report of Significant Deficiencies in Internal Controls	Note	N/A	N/A		Company	U
	77	Request for Exemption to File	Note	N/A	Note		Company	J
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	0	0	0		State	
	102	Health Benefit Plan Report	0	0	0	4/1	State	AA
	103	Health Life Supplement – Life State Page	2	0	0	3/1	NAIC	K
	104	Health Premium Assessment Report	Note	0	Note	2/15, 5/15, 8/15, 11/15	State	N, DD
	105	Health Property/Casualty Supplement – Property & Casualty State Pages	2	0	0	3/1	NAIC	K
	106	Holding Company Registration Statement	1	0	0	4/30	State	J, X
	107	Oregon Exhibit of Premiums (State Page)	2	0	xxx	3/1	NAIC	K, R
	108	Quarterly Health Enrollment Report	Note	0	Note	2/15, 5/15, 8/15, 11/15	State	CC
	109	Retaliatory Tax	1	0	1	4/1	State	V
	110	Signed Jurat	0	0	1	3/1	NAIC	H, J, K, L
	111	State Filing Fees	0	0	0		State	C
	112	Statement of Compliance for Advertising	1	0	1	3/1	State	W

*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.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	Visit us at www.insurance.oregon.gov
A	Required Filings Contact Person:		General: Phyllis Gander (503) 947-7225 (503) 947-7982 Bar Code: Phyllis Gander (503) 947-7225 Internet Address: phyllis.k.gander@state.or.us Retaliatory Tax Info: Lynette Hadley 503-947-7046 or Shannon O'Shea 503-947-7218 Internet Address: lynette.m.hadley@state.or.us shannon.oshea@state.or.us
B	Mailing Address:		Street Address: Department of Consumer & Business Services Insurance Division-4 350 Winter Street NE Salem OR 97301-3883 Mailing Address: Department of Consumer & Business Services Insurance Division-4 PO Box 14480 Salem OR 97309-0405
C	Mailing Address for Filing Fees:		No filing fees required.
D	Mailing Address for Premium Tax Payments:		Street Address: Department of Consumer & Business Services Insurance Division-4 350 Winter Street NE Salem OR 97301-3883 Mailing Address: Department of Consumer & Business Services Insurance Division-4 PO Box 14480 Salem OR 97309-0405
E	Delivery Instructions:		All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:		Failure to comply with any of the filing requirements may result in the assessment of a civil penalty pursuant to ORS 731.988 or the expiration of your company's certificate of authority pursuant to ORS 731.410.
G	Original Signatures:		Facsimile signatures are acceptable and have the same force as original signatures.
H	Signature/Notarization/Certification:		Domestic insurers: The annual statement and quarterly statements must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized. Foreign insurers: The Signed Jurat page must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized.
I	Amended Filings:		Domestic insurers: An amended annual statement must be filed within 45 days after the end of the calendar month in which the error was discovered. Foreign insurers: When there is an amendment to the annual statement you must file an amended Signed Jurat page within 10 days of the amendment. If there are signature requirements for the original filing, the same requirements should be followed for any amendment.
J	Exceptions from normal filings:		All insurers must provide a written request pursuant to NAIC Annual Statement Instructions at least 10 days prior to the filing due date to receive Oregon's approval on any exemption or extension. Foreign insurers must include a written copy of the exemption or extension granted by its state of domicile. Generally, extension requests made on or after the filing due date will not be granted.

K	Bar Codes (State or NAIC)	Bar codes are required. Please refer to the NAIC Annual Statement Instructions, Bar Codes Appendix and the attached listing. Note: State page bar code must have “38” in the state code position and reflect only Oregon business. Grand Total “58” is not acceptable even if it is “none.”
L	Signed Jurat	This state waives foreign insurers from filing printed annual statements and supplements. Foreign insurers will file a completed Signed Jurat page as confirmation of NAIC electronic filing. The signature requirements for the Signed Jurat page are the same as the requirements for the annual statement Jurat page. In the event that you refile or amend any financial data, a newly completed Signed Jurat page is required.
M	None Filing	See NAIC Annual Statement Instructions for Supplement Interrogatories
N	Filings new, discontinued or modified materially since last year:	Accountant’s Letter of Qualifications, Long-Term Care Experience Reporting Form 1 thru Form 5, Supplemental Exhibits and Schedules Interrogatories – LTC Forms State Requirement: Health Premium Assessment Report
O	Annual Statement Instruction for electronic filing:	Domestic and foreign insurers are required to file annual statements and supplements electronically with the NAIC. Foreign insurers: See note L.
P	Quarterly Statements for foreign companies:	Only required if requested by Director.
Q	Consolidated Management Discussion & Analysis and Consolidated Audited Financial Statement:	Domestic insurers within a consolidated group are required to file a copy of the report displaying the appropriate bar code for that document on the upper-right corner of the cover of the report. The bar code must reflect the filing insurer’s NAIC company code; not the group’s NAIC group code.
R	Oregon Exhibit of Premiums (State Page):	Only domestic insurers are to file hard copies of the Oregon Exhibit of Premiums in both the original statement and the copy. Note: State page bar code must have “38” in the state code position and reflect only Oregon business. Grand Total “58” is not acceptable even if it is “none.”
S	Designation of Independent CPA:	If the CPA is not the CPA who prepared the immediately preceding filed audited financial report for the insurer, the insurer shall notify the Director of the engagement no later than the 30th day after the effective date of the engagement.
T	Notification of Adverse Financial Condition:	An insurer that has received a report of adverse financial condition shall forward a copy of the report to the Director no later than the fifth business day after receiving the report and shall provide the CPA with evidence that the report was furnished to the Director.
U	Report of Significant Deficiencies in Internal Controls:	An insurer that has received a report of significant deficiencies in the insurer’s internal control structure shall furnish the written report to the Director no later than the 60th day after the filing of the annual audited financial statement to which the report applies.
V	Retaliatory Fee:	Forms are available on our web site: www.insurance.oregon.gov Direct all inquiries to: Lynette Hadley 503-947-7046 or Shannon O’Shea 503-947-7218
W	Statement of Compliance for Advertising:	An insurer that advertises health products must file per OAR 836-020-0280(2). If an insurer is authorized for health but does not write or advertise health products, you do not need to file this statement. Send to: Department of Consumer & Business Services Market Surveillance - 7 Attn: Carla Wagner P.O. Box 14480 Salem OR 97309-0405 503-947-7268

X	Holding Company Registration:	Every domestic insurer that is a member of an insurance holding company system shall register on or before April 30 for the previous calendar year per ORS 732.551(1)(2). A foreign insurer need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.
Y	Annual Statement Cover and Binding:	Annual Statements are to be bound with a sturdy front and back cover. The minimum acceptable weight for the cover is 65# paper. It is acceptable to use a lesser weight paper and laminate it. The covers are to be similar in color to the required NAIC Blank. The statements are to be bound along the left edge with sufficient margins, so the printed material is not obscured by the binding. The sturdy covers and bound statements are required to maintain the integrity of the filing because these statements are used extensively by Division employees and the public.
Z	Quarterly Statement Binding:	Quarterly statements are to be bound along the left edge with sufficient margins, so the printed material is not obscured by the binding. The binding is to maintain the integrity of the filing because these statements are used extensively by Division employees and the public. A sturdy front and back cover is preferred but not required.
AA	Health Benefit Plan Report	This report is to be filed electronically on or before April 1, 2010 per ORS 743-748. The reporting form is on our web site: http://insurance.oregon.gov/insurer/rates_forms/industry_reports/industry_reports.html Direct all inquiries to: Carla Wagner Department of Consumer & Business Services Market Surveillance-7 P.O. Box 14480 Salem, OR 97309-0405 503-947-7268
BB	Audited Financial Statement Cover and Binding	This state requests that Audited Financial Statements include a sturdy front and back cover and to be bound along the left edge with sufficient margins, so the binding does not obscure the printed material. The binding is to maintain the integrity of the filing because Division employees and the public use these statements extensively. .
CC	Quarterly Health Enrollment Form	This report is to be filed on a quarterly basis. The reporting form is on our web site: http://insurance.oregon.gov/insurer/rates_forms/industry_reports/industry_reports.html Direct all inquiries to: Carla Wagner Department of Consumer & Business Services Market Surveillance – 7 PO Box 14480 Salem Or 97309-0405 503-947-7268
DD	Health Premium Assessment Report (House Bill 2116)	The Health Premium Assessment Report must be filed on-line with the Oregon Insurance Division within 45 days after the end of every calendar quarter. An information letter will be going out to insurers no later than December 1, 2009, to explain how to file. This is a new assessment that became effective 10/1/2009 and applies to all insurers authorized in Oregon for health insurance. Direct inquiries to: OrInstax@state.or.us Phone: Lynette Hadley 503-947-7046 or Shannon O’Shea 503-947-7218

**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 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 (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 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.

IDENTIFIER #	TITLE Filing Year 2009 Due 2010	CO TYPE Blank	DUE DATE
201	Annual Statement and Quarterly (9X14) (Domestic Only)	L/P/F/T/H	3/1
201	Signed Jurat (Foreign Only)	L/P/F/T/H	3/1
203	Protected Cell Statement	P	3/1
205	Health Life Supplement (Exhibit 5, Exhibit 7, Schedule S)	H	3/1
206	Health Life Supplement – Life State Pages	H	3/1
207	Health Property/Casualty Supplement (Schedule F & P)	H	3/1
208	Health Property/Casualty Supplement – Property & Casualty State Pages	H	3/1
210	Accident and Health Policy Experience Exhibit	L/P/F/H	4/1
211	Health Life Supplement - LHA Guaranty Assn Reconciliation	H	4/1
212	Health Life Supplement - LHA Guaranty Assn Adjustment Exhibit	H	4/1
213	Health Property/Casualty Supplement - Ins Expense Exhibit	H	4/1
220	Audited Financial Report	L/P/F/T/H	6/1
221	Accountant's Letter of Qualifications	L/P/F/T/H	6/1
230-38	Credit Insurance Expense Exhibit	L/P	4/1
240	Financial Guaranty Insurance Exhibit	P	3/1
260	Fraternal Interest Sensitive Life Insurance - Op	F	4/1
270	Insurance Expense Exhibit	P	4/1
280	Interest Sensitive Life Insurance - Products Report	L	4/1
285	Investment Risks Interrogatories	L/P/F/T/H	4/1
290-38	LHA Guaranty Association Reconciliation	L	4/1
300-38	LHA Guaranty Association Adjustment Exhibit	L	4/1
301	Long-Term Care Experience Reporting Form 1	L/P/F/H	4/1
302	Long-Term Care Experience Reporting Form 2	L/P/F/H	4/1
303	Long-Term Care Experience Reporting Form 3	L/P/F/H	4/1
304	Long-Term Care Experience Reporting Form 4	L/P/F/H	4/1
305	Long-Term Care Experience Reporting Form 5	L/P/F/H	4/1
306	Supplemental Exhibits and Schedules Interrogatories – LTC	L/P/F/H	4/1
310	Long-Term Care Experience Reporting Form A	L/P/F/H	4/1
320	Long-Term Care Experience Reporting Form B	L/P/F/H	4/1
330-38	Long-Term Care Experience Reporting Form C	L/P/F/H	4/1
350	Management's Discussion & Analysis of Operation	L/P/F/T/H	4/1
360-38	Medicare Supplement Insurance Expense Exhibit	L/P/F/H	3/1
365	Medicare Part D Coverage Supplement	L/P/F/H	3/1, 5/15, 8/15, 11/15
370	Non-Guaranteed Opinion for Exhibit 5	L/F	3/1
371	Participating Opinion for Exhibit 5	L/F	3/1
385	Premiums Attributed to Protected Cells Exhibit	P	3/1
390	Risk-Based Capital	L/P/F/H	3/1
399	Reinsurance Attestation Supplement	P	3/1
400	Exceptions to the Reinsurance Attestation Supplement	P	3/1
401	Reinsurance Summary Supplemental Filing	P	3/1
420	Schedule SIS	L/P/T/H	3/1
430-38	State Page *	L/P/F/H	3/1
440	Statement of Actuarial Opinion	L/P/F/T/H	3/1
441	Actuarial Opinion Summary (AOS)	P	3/15
442	X-Factors Actuarial Opinion	L/F	3/1
443	Separate Account Funding Guaranteed Minimum Benefit Actuarial Opinion	L/F	3/1
444	Synthetic Guaranteed Investment Contracts Actuarial Opinion	L/F	3/1
445	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	L/F	5/15, 8/15, 11/15
446	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	L/F	5/15, 8/15, 11/15
447	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	L/F	5/15, 8/15, 11/15
448	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	L/F	5/15, 8/15, 11/15
449	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	L/F	5/15, 8/15, 11/15

450	C-3 RBC Certifications required under C-3 Phase I	L/F	3/1
451	C-3 RBC Certifications required under C-3 Phase II	L/F	3/1
452	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance	L/F	3/1
455	Supplement A to Schedule T	P	5/15, 8/15, 11/15
460	Supplement Compensation Exhibit	L/P/F/T/H	3/1
465	Supplemental Schedule O	L	3/1
480	Title Supplemental Schedule of Business Written by Agency	T	4/1
490	Trusted Surplus Statement	L/P/F	3/1
495	Worker's Compensation Carve-out Supplement	L	3/1
500	Bail Bond Supplement	P	3/1
F	Those companies filing a Fraternal Statement.		
H	Those companies filing a Health Statement.		
L	Those companies filing a Life/Accident/Health Statement.		
P	Those companies filing a Property/Casualty Statement.		
T	Those companies filing a Title Statement.		
	*State page bar code must use "38" for the state code and reflect only Oregon business. Grand Total "58" is not acceptable even if it is "none".		
	Please be aware that not all bar code labels are produced automatically by annual statement software packages. Documents such as management discussion and analysis, actuarial opinion, and the audited financial statement need bar codes that may not be automatically produced by software programs and might need to be prepared manually.		
	It is each company's responsibility to ensure each bar code label is properly affixed and readable.		