

**PROPERTY & CASUALTY INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** CONNECTICUT **Filings Made During the Year 2017**

(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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 ½” x 14”)	2	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	2	Quarterly Financial Statement (8 ½” x 14”)	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½” x 14”)	1	EO	1	5/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	
	13	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	“S”
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	1	EO	1	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	
	21	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	22	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	23	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	25	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	
	26	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	
	27	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
	28	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	
	29	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	30	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	31	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	“Q”
	33	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	34	Supplemental Health Care Exhibit’s Allocation Report Supplement	0	EO	N/A	4/1	NAIC	
	35	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	36	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	“N”
	37	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	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	

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			Domestic		Foreign			
			State	NAIC	State			
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	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	0	N/A	N/A	N/A	Company	
	84	Communication of Internal Control Related Matters Noted in Audit – No unremediated material weaknesses	1	EO	N/A	6/1	Company	
	84.1	Communication of Internal Control Related Matters Noted in Audit – Unremediated material weaknesses	1	N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	Within 5 business days of this event	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	1	Within 5 business days of company notification	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/31	Company	
	92	Request for Exemption to File Management’s Report of Internal Control Over Financial Reporting	1	N/A	N/A	12/31	Company	
	93	Request for Exemption to File	1	N/A	N/A	12/31	Company	
<b>V. STATE REQUIRED FILINGS***</b>								
	103	Filings Checklist (with Column 1 completed)	2	0	1	3/1, 5/15, 8/15, 11/15	State	“T”
	104	Holding Company Registration Statement Forms B,C&F***	1	0	N/A	6/1	State	“W”
	106	ORSA****	3	0	N/A	Annually	Company	“W”
	108	Retention of Assets Statement	2	0	0	3/1	State	
	109	Accident & Health Advertising Certificate of Compliance	2	0	1	3/1	Company	“O”
	111	State Page	2	0	1	3/1, 5/15, 8/15, 11/15	NAIC	“P”

\*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](http://www.naic.org/public_lead_state_report.htm)

\*\*\*\*For those states that have adopted the NAIC updated 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. Consistent with the Form B filing requirements, 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. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

		NOTES AND INSTRUCTIONS (A-M APPLY TO ALL FILINGS)
		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)
A	Required Filings Contact Person:	Financial Analysis & Compliance Division (860) 297-3814 E-Mail – ctinsdept.financial@ct.gov
B	Mailing Address:	Connecticut Insurance Department P.O. Box 816 Hartford, CT 06142-0816 <b>Express/Hand Delivery:</b> Connecticut Insurance Department 153 Market Street, Floor 7 Hartford, CT 06103
C	Mailing Address for Filing Fees:	Same as above – Checks should be made payable to Treasurer, State of Connecticut. Department will invoice companies for appropriate fees; please <b>do not</b> send fees with annual/quarterly filings.
D	Mailing Address for Premium Tax Payments:	Connecticut Department of Revenue Services P.O. Box 2990 Hartford, CT 06104-2990 (860) 541-3226
E	Delivery Instructions:	<b>Domestic Company's</b> filings sent by the United States Postal Service must be postmarked no later than the indicated due date. Filings sent by a private delivery service will be considered filed on the date physically received by the Department. <b>Foreign Companies</b> must submit an electronically filed report with the NAIC and any required hard copy submission to the Department by the Connecticut due date. Refer to Connecticut Bulletin FS-16-08. <b>If the Connecticut due date falls on a Saturday and the statements are sent via the United States Postal Service they must be post marked no later than this date. If sent via private delivery service they are due to the Department on the prior Friday. If sent electronically to the NAIC they must be received by the Connecticut due date. Sunday due dates will automatically be the following Monday.</b>
F	Late Filings:	Companies will be fined \$175 per day for a late annual statement or quarterly statement filing.
G	Original Signatures:	Original signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification:	The following officers are required to sign the annual/quarterly statements: President or Vice President, AND Secretary or Assistant Secretary Statements must also be notarized.
I	Amended Filings:	Domestic companies are instructed to refer to Conn. General Statute §38a-53a.
J	Exceptions from normal filings:	Please follow the NAIC Annual Statement Instructions
K	Bar Codes (State or NAIC):	Please follow the NAIC Annual Statement Instructions
L	Signed Jurat:	Foreign companies filing electronically with the NAIC are not required to submit a hard copy.
M	NONE Filings:	Please follow the NAIC Annual Statement Instructions.
N	Filings new, discontinued or modified materially since last year:	None of the filings have been discontinued since last year. New filing this year for Property & Casualty and Health Companies is the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts if applicable.
O	Accident & Health Advertising Certificate of Compliance:	Companies are referred to §38a-819-18(B) of the Regulations of Connecticut State Agencies for further details. Certificates only required for companies reporting accident and health premiums.
P	State Page – Quarterly Supplement Property & Casualty Companies:	Both domestic and foreign companies are required to file with each quarterly statement a hard copy of page 19 of the annual statement blank reflecting the year to date quarterly data.
Q	Supplemental Compensation Exhibit – Domestic Companies Only:	If Connecticut General Statute section 38a-69a(b) is applicable to your Company the exhibit will be held confidential if you attach an affidavit to a copy of the exhibit showing only the three most highly compensated officers attesting that the Company is a nonprofit insurer and has fewer than 150 employees. This affidavit and redacted exhibit will be available for public inspection.
R	Separate Account Investment Certification – Domestic Companies Only:	Officer compliance certification with C.G.S. 38a-102c as it relates to separate account guarantees. Refer to C.G.S. section 38a-102(d).
S	Actuarial Opinion Summary – Property & Casualty Companies:	This is a confidential filing and should be sent under separate cover.
T	Filing Checklist:	A Checklist with column 1 completed is required to be submitted with all required hard copy filings.
U	RAAIS – Domestic Life and Fraternal Societies:	This is a confidential filing and should be sent under separate cover.
W	Form F and ORSA	To be filed if Connecticut is Lead State.

## 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.