

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: *Illinois* Filings Made During the Year 2019

(1) Check list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC	State		
I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8 1/2" x 14")	2	EO	xxx	3/1	A-R,T-V,X,Y,Z
	1.1	Printed Investment Schedule detail (E01-E25)	2	EO	xxx	3/1	O
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15,8/15, 11/15	A,B,E-R,P
	3	Protected Cell Annual Statement	N/A	0	N/A	3/1	
	4	Combined Annual Statement (8 1/2" x 14")	N/A	EO	N/A	5/1	A,B,E,G,H,I,O
II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	N,O
	12	Actuarial Opinion	2	EO	xxx	3/1	A,B,E,F,I,J,Q,Z
	13	Actuarial Opinion Summary	EO	N/A	xxx	3/15	A,F,I,J,Q,R
	14	Bail Bond Supplement	xxx	EO	xxx	3/1	A,B,F,I, M,N,O
	15	Combined Insurance Expense Exhibit	N/A	EO	xxx	5/1	A,B,F,I, M,O
	16	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	17	Cybersecurity & Identity Theft Coverage Supplement	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	18	Director and Officer Supplement	xxx	EO	xxx	5/15, 8/15, 11/15	A,B,F,I, M,N,O
	19	Financial Guaranty Insurance Exhibit	xxx	EO	xxx	3/1	A,B,F,I, M,N,O
	20	Insurance Expense Exhibit	xxx	EO	xxx	4/1	A,B,F,I, M,N,O,Y
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	23	Long Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	24	Management Discussion & Analysis	1	EO	xxx	4/1	A,B,F,I, M,O,U
	25	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,N,O
	26	Medicare Supplement Insurance Exp. Exhibit	xxx	EO	xxx	3/1	A,B,F,I, M,N,O
	27	Premiums Attributed to Protected Cells Exh.	N/A	EO	N/A	4/1	A,B,F,I, M,O
	28	Reinsurance Attestation Supplement	xxx	EO	xxx	3/1	A,B,F,I, M,N,Q
	29	Exceptions to Reinsurance Attestation Supp.	xxx	N/A	xxx	3/1	A,B,F,I, M,Q
	30	Reinsurance Summary Supplemental	xxx	EO	xxx	3/1	A,B,F,I, M,N,O
	31	Risk-Based Capital Report	1	EO	xxx	3/1	A,B,F,I, M,O,R
	32	Schedule SIS	1	N/A	N/A	3/1	A,B,F,I, M,O
	33	Supplement A to Schedule T	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,N,O
	34	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	A,B,F,I, M,O,R
	35	Supplemental Health Care Exhibit(Parts 1,2 &3)	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	36	Supplemental Health Care Exhibit's Allocation Report	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	37	Supplemental Investment Risk Interrogatories	xxx	EO	xxx	4/1	A,B,F,I, M,N,O
	38	Supplemental Sched for Reins Counterparty Reporting Exception –Asbestos &Pollution Contracts	xxx	EO	xxx	3/1	A,B,F,I, M,N,O
	39	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,N,O

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			State	NAIC	State		
		III. ELECTRONIC FILING REQUIREMENTS					
	61	Annual Statement Electronic Filing	N/A	1	N/A	3/1	O
	62	March .PDF Filing	N/A	1	N/A	3/1	O
	63	Risk-Based Capital Electronic Filing	N/A	1	N/A	3/1	O
	64	Risk-Based Capital .PDF Filing	N/A	1	N/A	3/1	O
	65	Combined Annual Statement Electronic Filing	N/A	1	N/A	5/1	O
	66	Combined Annual Statement .PDF Filing	N/A	1	N/A	5/1	O
	67	Supplemental Electronic Filing	N/A	1	N/A	4/1	O
	68	Supplemental .PDF Filing	N/A	1	N/A	4/1	O
	69	Quarterly Electronic Filing	N/A	1	N/A	5/15, 8/15, 11/15	O
	70	Quarterly .PDF Filing	N/A	1	N/A	5/15, 8/15, 11/15	O
	71	June .PDF Filing	N/A	1	N/A	6/1	O
		IV. AUDITED FINANCIAL STATEMENTS					
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	A,B,E,F,I,J,Q,W
	82	Audited Financial Statements	1	EO	N/A	6/1	A,B,E,F,I,J,Q,W,Z
	83	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	A,B,E,F,I,J,Q,W
	84	Communication of Internal Control Related Matters Noted in Audit (Internal Control Letter)	1	EO	N/A	8/1	A,B,E,F,I,J,Q,W
	85	Independent CPA (appointment or change)	1	N/A	N/A	6/1	A,B,E,F,I,J,Q,W
	86	Mgmt's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	A,B,E,F,I,J,Q,W
	87	Notification of Adverse Financial Condition	1	N/A	1	<5 bus days after notice rcvd	A,B,E,F,I,J,Q,W
	88	Relief from the five year rotation requirement for lead audit partner	1	EO	N/A	12/1	A,B,E,F,I,J,Q,W
	89	Relief from the one year cooling off period for independent CPA	1	EO	N/A	3/1	A,B,E,F,I,J,Q,W
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	6/1	A,B,E,F,I,J,Q,W
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		A,B,E,F,I,J,Q,W
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/21	A,B,E,F,I,J,Q,W
	93	Request for Exemption to File	1	N/A	N/A	5/21	A,B,E,F,I,J,Q,W
	94	Request for Extension to File	1	N/A	N/A	5/21	A,B,E,F,I,J,Q,W

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			State	NAIC	State		
V. STATE REQUIRED FILINGS							
	101	Certificate of Compliance	N/A	N/A	1	3/1	A,B,E,I,P,Z
	102	Certificate of Deposit	N/A	N/A	1	3/1	A,B,E,I,P,Z
	103	Corporate Governance Annual Disclosure **	N/A	0			
	104	Filings Checklist (with Column 1 completed)	N/A	1	N/A	3/1	P
	105	Annual Form B Filing	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,Q
	106	Annual Form C Filing	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,O,Q
	107	Annual Form F Filing ***	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,N,O,Q
	108	ORSA ****	1	N/A	N/A		
	109	Fire Marshal Tax Return	1	N/A	1	3/31	A,D,P,Z
	110	Privilege and Retaliatory Tax	1	N/A	1	3/15	A,D,Z
	111	Privilege and Retaliatory Tax-Quarterly Estimate	1	N/A	1	4/15, 6/15, 9/15, 12/15	A,D,Z
	112	Annual Statement Filing Fee	1	N/A	0	Upon Receipt of Invoice	A,C
	113	Certificate of Authority Renewal Fee	0	N/A	1	Upon Receipt of Invoice	A,C
	114	Financial Regulation Fee	1	N/A	1	Upon Receipt of Invoice	A,C
	115	Cost Containment Fee	1	N/A	1	Upon Receipt of Invoice	A,C
	116	Form 141.3 Management Contracts Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	117	Schedule A – Leased Securities	N/A	N/A	N/A		A,L,N
	118	Section 131.2 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	119	Section 126.32 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	120	Reserve Requirement Reconciliation	1	N/A	N/A	3/1	A,B,E,I,L,P
	121	Mortgage Guaranty Insurance Supplement	1	N/A	1	3/31	A,B,E,I,L,P,R
	122	Illinois Business Page	2	EO	XXX	3/1	A-R,T-V,X,Y,Z

*If XXX appears in this column, this state does not require this filing if the data is filed electronically with the NAIC. EO = (electronic only filing).

**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 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

**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)

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COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2019

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 *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.

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) (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.