

**PROPERTY & CASUALTY INSURERS**

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

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

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

(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		
		<b>I. NAIC FINANCIAL STATEMENTS</b>					
	1	Annual Statement (8 ½" x 14")	2	EO	xxx	3/1	A-R,T-V,X,Y,Z
	1.1	Printed Investment Schedule detail (Pages E01-E-25)	2	EO	xxx	3/1	O
	2	Quarterly Financial Statement (8 ½" 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 ½" x 14")	N/A	EO	N/A	5/1	A,B,E,G,H,I,O
		<b>II. NAIC SUPPLEMENTS</b>					
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	O
	12	Actuarial Opinion	2	EO	xxx	3/1	A,B,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	1	EO	xxx	3/1	A,B,F,I, M,O
	15	Combined Insurance Expense Exhibit	N/A	EO	xxx	5/1	A,B,F,I, M,O
	16	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	A,B,F,I, M,O
	17	Cybersecurity & Identity Theft Coverage Supplement	1	EO	xxx	4/1	A,B,F,I, M,O
	18	Director and Officer Supplement	1	EO	xxx	5/15, 8/15, 11/15	A,B,F,I, M,O
	19	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	A,B,F,I, M,O
	20	Insurance Expense Exhibit	1	EO	xxx	4/1	A,B,F,I, M,O,Y
	21	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	A,B,F,I, M,O
	22	Management Discussion & Analysis	1	EO	xxx	4/1	A,B,F,I, M,O,U
	23	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,O
	24	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	A,B,F,I, M,O
	25	Premiums Attributed to Protected Cells Exhibit	N/A	EO	N/A	4/1	A,B,F,I, M,O
	26	Reinsurance Summary Supplemental	1	EO	xxx	3/1	A,B,F,I, M,O
	27	Reinsurance Attestation Supplement	1	EO	xxx	3/1	A,B,F,I, M,Q
	28	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	A,B,F,I, M,Q
	29	Risk-Based Capital Report	1	EO	xxx	3/1	A,B,F,I, M,O,R
	30	Schedule SIS	1	N/A	N/A	3/1	A,B,F,I, M,O
	31	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,O
	32	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	A,B,F,I, M,O,R
	33	Supplemental Health Care Exhibit(Parts 1,2 &3)	1	EO	xxx	4/1	A,B,F,I, M,O
	34	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	A,B,F,I, M,O
	35	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	A,B,F,I, M,O
	36	Supplemental Sched for Reins Counterparty Reporting Exception –Asbestos &Pollution Contracts		EO	xxx	3/1	A,B,F,I, M,O
	37	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,F,I, M,O

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			State	NAIC	State		
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>					
	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
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>					
	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	N/A	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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			Domestic		Foreign		
			State	NAIC	State		
<b>V. STATE REQUIRED FILINGS</b>							
	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	Filings Checklist (with Column 1 completed)	N/A	1	N/A	3/1	P
	104	Annual Form B Filing	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,Q
	105	Annual Form C Filing	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,O,Q
	106	Annual Form F Filing ****	1	N/A	N/A	5/1	A,B,C,E,F,G,I,J,N,O,Q
	107	ORSA ****	1	N/A	N/A		
	108	Fire Marshal Tax Return	1	N/A	1	3/15	A,D,P,Z
	109	Privilege and Retaliatory Tax	1	N/A	1	3/15	A,D,Z
	110	Privilege and Retaliatory Tax-Quarterly Estimate	1	N/A	1	4/15, 6/15, 9/15, 12/15	A,D,Z
	111	Annual Statement Filing Fee	1	N/A	0	Upon Receipt of Invoice	A,C
	112	Certificate of Authority Renewal Fee	0	N/A	1	Upon Receipt of Invoice	A,C
	113	Financial Regulation Fee	1	N/A	1	Upon Receipt of Invoice	A,C
	114	Cost Containment Fee	1	N/A	1	Upon Receipt of Invoice	A,C
	115	Form 141.3 Management Contracts Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	116	Schedule A – Leased Securities	N/A	N/A	N/A		A,L,N
	117	Section 131.2 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	118	Section 126.32 Investment Supplement	1	N/A	N/A	3/1	A,B,E,I,L,P
	119	Reserve Requirement Reconciliation	1	N/A	N/A	3/1	A,B,E,I,L,P
	120	Mortgage Guaranty Insurance Supplement	1	N/A	1	3/31	A,B,E,I,L,P,R
	121	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 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)

**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 send mailing labels, and other information, to all companies but 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.**

**Column (1) (Checklist)**

PROPERTY & CASUALTY INSURERS

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

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

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

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.