

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: OHIO _____ Filings Made During the Year 2020

(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			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	AFF	EO	0	3/1	NAIC	M,W
	1.1	Printed Investment Schedule detail (Pages E01-E29)	AFF	EO	xxx	3/1	NAIC	M,W
	2	Quarterly Financial Statement (8 ½" x 14")	AFF	EO	0	5/15, 8/15, 11/15	NAIC	M,W
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	R
	4	Combined Annual Statement (8 ½" x 14")	AFF	EO	0	5/1	NAIC	M,W
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	1	EO	0	4/1	NAIC	M,W
	12	Actuarial Opinion	1	EO	0	3/1	Company	M,W
	13	Actuarial Opinion Summary	1	N/A	0	3/15	Company	T
	14	Bail Bond Supplement	1	EO	0	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	1	EO	0	5/1	NAIC	M,W
	16	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	M,W
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	AFF	EO	0	4/1	NAIC	M,W
	18	Director and Officer Insurance Coverage Supplement	AFF	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	19	Financial Guaranty Insurance Exhibit	AFF	EO	0	3/1	NAIC	M,W
	20	Insurance Expense Exhibit	AFF	EO	xxx	4/1	NAIC	M,W
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	AFF	EO	xxx	4/1	NAIC	M,W
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	AFF	EO	xxx	4/1	NAIC	M,W
	23	Long-Term Care Experience Reporting Forms	AFF	EO	xxx	4/1	NAIC	M,W
	24	Management Discussion & Analysis	AFF	EO	0	4/1	Company	M,W
	25	Medicare Part D Coverage Supplement	AFF	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	26	Medicare Supplement Insurance Experience Exhibit	AFF	EO	xxx	3/1	NAIC	M,W
	27	Premiums Attributed to Protected Cells Exhibit	AFF	EO	0	3/1	NAIC	M,W
	28	Reinsurance Attestation Supplement	AFF	EO	xxx	3/1	Company	M,W
	29	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	M
	30	Reinsurance Summary Supplemental	AFF	EO	xxx	3/1	NAIC	M,W
	31	Risk-Based Capital Report	AFF	EO	0	3/1	NAIC	M,W
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	M
	33	Supplement A to Schedule T	AFF	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	N
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	AFF	EO	0	4/1	NAIC	M,W
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	AFF	EO	0	4/1	NAIC	M,W
	37	Supplemental Investment Risk Interrogatories	AFF	EO	0	4/1	NAIC	M,W
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	AFF	EO	0	3/1	NAIC	M,W
	39	Trusteed Surplus Statement	AFF	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	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	
	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	

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			Domestic		Foreign			
			State	NAIC	State			
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	AFF	EO	0	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		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	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	0	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	0	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	0	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS***						
INS7005	100	Application for Renewal of Certificate of Authority	1	0	1	3/1	State****	
INS7147	101	Foreign Premium Tax Return- DO NOT File Hardcopy	0	0	EO	3/1	State****	W
INS7143	102	Domestic Franchise Tax Return- DO NOT File Hardcopy	EO	0	0	3/1	State****	W
On-line only	103	Premium Tax Advance Payment - Invoice Available On-Line 9/1 - Premium Tax On-Line Data (https://gateway.insurance.ohio.gov secured on-line logon)	1	0	1	10/15	State	E
INS7240	104	Electronic Filing Authenticity Affidavit	1	0	0	3/1,4/1,5/1,5/15, 6/1,8/15,11/15	State****	M,O
	105	Signed Jurat	1	0	0	3/1, 5/15, 8/15,11/15	NAIC	M,O
INS7215	106	Foreign Insurance Tax Summary to Treasurer of State*****	0	0	1	3/1	State****	E
INS7214	107	Domestic Insurance Tax Summary to Treasurer of State*****	1	0	0	3/1	State****	E
INS7140	108	Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY	EO	0	EO	3/1	State****	W
INS7148	109	Premium Dividend Calculation	INFO	INFO	INFO	Informational Only	State****	S
INS7016	110	Exhibit of Fire Marshal Premiums – DO NOT FILE HARD COPY	EO	0	0	3/1	State****	W
No Form	111	Statement of compliance with Ohio Administrative Code Section 3901-6-02 and/or 3901-08-07 on company letterhead	1	0	1	3/1	Company	Q
INS7001	112	NAIC IRIS Response (Required if 4 or more failures)	1	0	1	5/15	Company	V
# No Form	113	Affix Barcodes	xxx	INFO	xxx	Informational Only	NAIC	S
INS7062	114	Internet Submissions to NAIC	INFO	INFO	INFO	Informational Only	State****	S
INS7226	115	Exhibit of Premiums, Enrollment & Utilization – Health Insurance (HIC) Line of Business Licensees Only, Ohio Revised Code Section 1751-02(F) – ALL OTHERS DO NOT FILE – IF INSURER DOES NOT HAVE A HIC LINE OF BUSINESS – THIS IS NOT REQUIRED	EO	0	EO	3/1, 5/15,8/15,11/15	State****	U
No Form	116	Gain & Loss Exhibits for Participating and Non- Participating Policies, Ohio Revised Code Section 3911.02. Submit A/S p. 6 for each type.	1	0	0	3/1	Company	
	117	Corporate Governance Annual Disclosure*****	1	0	0	6/1	Company	
	118	Form F – Enterprise Risk Report *****	1	0	0	6/1	Company	O

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	119	Form B-Holding Company Registration Statement	1	0	0	6/1	Company	
	120	ORSA*****	1	0	0	12/31/18	Company	

*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

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

*** Generally, Notes A through K apply to all filings.

****These forms may be downloaded at www.insurance.ohio.gov under “Forms”

*****Do NOT file with the Ohio Department of Insurance. File Only with the Ohio Treasurer of State.

*****Ohio has 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.

*****Ohio has 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

*****Ohio has adopted the NAIC 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. 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 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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person: Annual and Quarterly filings	Risk Assessment (614)644-2647 or Risk.Assessment@insurance.ohio.gov
	B	Mailing Address for Annual and Quarterly filings:	Ohio Department of Insurance Office of Risk Assessment 50 West Town Street, 3 rd Floor Columbus, OH 43215
	C	Mailing Address for Filing Fees: Do not send checks for filing fees. You will be billed when due. Do not mail tax returns. Do not send checks to the Department of Insurance.	<u>NONE</u>
	D	<u>Mailing Address for Premium & Franchise Tax Returns:</u> NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to the Department of Insurance.	<u>NONE.</u> DO NOT Mail Tax Returns. Electronic filing only.
	E	Mailing Address for Premium Tax Payments: Must be paid by ACH credit or ACH debit. If you have questions about this process, you may contact the Ohio Treasurer of State's office at 614-752-8484 or view the FAQ's from the following web address: http://eft.tos.ohio.gov/#/FaqView	<u>NONE</u>
	F	Delivery Instructions:	All items must be physically received by the due date. If the due date falls on a weekend or holiday, the due date is the next business day.
	G	Late Filings:	Statutory penalties apply to required filings received by the due date. If the due date falls on a weekend or holiday, the due date is the next business day.
	H	Original Signatures:	Original signatures are required on all filings that require signatures. See Note L and Electronic Filing Authenticity Affidavit (Ohio Form INS7240)
	I	Signature/Notarization/Certification:	Principal officers are required to sign Quarterly and Annual Statement Jurat Pages. See Annual Statement Instructions and Ohio Form INS7240.

J	Amended Filings:	Contact taxes@insurance.ohio.gov for tax amendment forms. Amendments must be accompanied by an explanation and documentation. Original signature requirements apply.
K	Bar Codes (NAIC):	Ohio no longer has state specific bar code instructions. Please refer to the Appendix of the NAIC Annual Statement Instructions. Ohio no longer has state specific bar code instructions.
L	Exceptions from normal filings:	All companies must include a copy of any extension or exemption granted by their state of domicile.
M	Signed Jurat:	Domestic insurers must attached signed, notarized Jurat with Affidavit (Ohio form INS7240). No Jurat required of foreign insurers. Do not file hardcopy Annual or Quarterly Statements.
N	NONE Filings:	Must be submitted. Please see NAIC Annual Statement Instructions for Supplemental interrogatories.
O	Filings new, discontinued or modified materially since last year:	A “#” sign on the Checklist denotes a new filing.
P	All Foreign Insurers: DO NOT FILE Certification of Valuation, Certificate of Compliance or Certificate of Deposit.	These are no longer required.
Q	Statement of Compliance with Rule 3901-8-07 and 3901-6-02:	Every insurer subject to Rules 3901-8-07 and/or 3901-6-02 must file a statement of compliance with Ohio insurance laws as implemented and interpreted by these rules on Company letterhead. No form.
R	Protected Cell Annual Statement:	File only if applicable. No need to file with Ohio if “None”.
S	State instructions and filing information:	These items are available for instructional purposes only. The

			forms content is to be used as a guide only.
	T	Actuarial Opinion Summary (Property and Casualty Only):	To be filed as a confidential document pursuant to ORC Section 3901.77(E)
	U	HIC line of business license only:	Do Not file unless Certificate of Authority (“COA”) is for a health insuring corporation (“HIC”) under ORC Chapter 1751 or if the company’s “non-HIC” COA specifically lists authority for a HIC line of business. The Annual Form must be electronically filed as an exhibit to the company’s Premium Tax return. Filings are made as attachment to email to taxes@insurance.ohio.gov .
	V	IRIS Response:	ONLY required if 4 or more IRIS Ratio Failures.
	W	Hard Copy Filings:	Do not file hardcopy with Ohio if “NONE”, “AFF”, “EO” or “0” is indicated in column 4 (domestic or foreign)

**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 submitting 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.