

# LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

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

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

REQUIRED FILINGS IN THE STATE OF: OHIO Filings Made During the Year 2026

ALL STATE REQUIRED FILINGS MAY BE MADE ELECTRONICALLY – SEE NOTE B

| (1)<br>Checklist | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE   | (4)<br>NUMBER OF COPIES* |      |         | (5)<br>DUE DATE            | (6)<br>FORM<br>SOURCE** | (7)<br>APPLICABLE<br>NOTES*** |
|------------------|---------------|---|--------------------------|------|---------|----------------------------|-------------------------|-------------------------------|
|                  |               |   | Domestic                 |      | Foreign |                            |                         |                               |
|                  |               |   | State                    | NAIC | State   |                            |                         |                               |
|                  |               | <b>I. NAIC FINANCIAL STATEMENTS</b>   |                          |      |         |                            |                         |                               |
|                  | 1             | Annual Statement (8 ½"x14")   | AFF                      | EO   | 0       | 3/1                        | NAIC                    | M,W                           |
|                  | 1.1           | Printed Investment Schedule detail (Pages E01-E30)  | 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             | Separate Accounts Annual Statement (8 ½"x14")   | AFF                      | EO   | 0       | 3/1                        | NAIC                    | M,W                           |
|                  |               | <b>II. NAIC SUPPLEMENTS</b>   |                          |      |         |                            |                         |                               |
|                  | 11            | Accident & Health Policy Experience Exhibit   | AFF                      | EO   | 0       | 4/1                        | NAIC                    | M,W                           |
|                  | 12            | Credit Insurance Experience Exhibit   | AFF                      | EO   | xxx     | 4/1                        | NAIC                    | M,W                           |
|                  | 13            | Health Supplement   | AFF                      | EO   | xxx     | 3/1                        | NAIC                    | M,W                           |
|                  | 14            | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2                                       | AFF                      | EO   | xxx     | 4/1                        | NAIC                    | M,W                           |
|                  | 15            | Long-term Care Experience Reporting Forms   | AFF                      | EO   | xxx     | 4/1                        | NAIC                    | M,W                           |
|                  | 16            | Management Discussion & Analysis  | AFF                      | EO   | 0       | 4/1                        | Company                 | M,W                           |
|                  | 17            | Market Conduct Annual Statement Premium Exhibit for Year  | AFF                      | EO   | 0       | 3/1                        | NAIC                    | M,W                           |
|                  | 18            | Medicare Supplement Insurance Experience Exhibit  | AFF                      | EO   | xxx     | 3/1                        | NAIC                    | M,W                           |
|                  | 19            | Medicare Part D Coverage Supplement   | AFF                      | EO   | 0       | 3/1, 5/15, 8/15, 11/15     | NAIC                    | M,W                           |
|                  | 20            | Risk-Based Capital Report   | AFF                      | EO   | 0       | 3/1                        | NAIC                    |                               |
|                  | 21            | Schedule SIS  | 1                        | N/A  | N/A     | 3/1                        | NAIC                    | N                             |
|                  | 22            | Supplemental Compensation Exhibit   | 1                        | N/A  | N/A     | 3/1                        | NAIC                    |                               |
|                  | 23            | Supplemental Health Care Exhibit (Parts 1 and 2 )   | AFF                      | EO   | 0       | 4/1                        | NAIC                    | M,W                           |
|                  | 24            | Supplemental Investment Risk Interrogatories  | AFF                      | EO   | 0       | 4/1                        | NAIC                    | M,W                           |
|                  | 25            | Supplemental Schedule O   | AFF                      | EO   | xxx     | 3/1                        | NAIC                    |                               |
|                  | 26            | Supplemental Term and Universal Life Insurance Reinsurance Exhibit  | AFF                      | EO   | 0       | 4/1                        | NAIC                    | M,W                           |
|                  | 27            | Trusted Surplus Statement   | AFF                      | EO   | xxx     | 3/1, 5/15, 8/15, 11/15     | NAIC                    | M,W                           |
|                  | 28            | Variable Annuities Supplement   | AFF                      | EO   | 0       | 4/1                        | NAIC                    | M,W                           |
|                  | 29            | VM 20 Reserves Supplement   | AFF                      | EO   | 0       | 3/1                        | NAIC                    | M,W                           |
|                  | 30            | Workers' Compensation Carve-Out Supplement  | AFF                      | EO   | 0       | 3/1                        | NAIC                    | M,W                           |
|                  |               | <b>Actuarial Related Items</b>  |                          |      |         |                            |                         |                               |
|                  | 31            | Actuarial Certification regarding use 2001 Preferred Class Table  | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 32            | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities                       | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 33            | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | AFF                      | N/A  | xxx     | 4/30                       | Company                 | M,W                           |
|                  | 34            | Actuarial Opinion   | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 35            | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit   | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 36            | Actuarial Opinion on Synthetic Guaranteed Investment Contracts  | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 37            | Actuarial Opinion on X-Factors  | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 38            | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation  | AFF                      | EO   | 0       | 3/1                        | Company                 | M,W                           |
|                  | 39            | Request for Life PBR Exemption (if applicable)  | 1                        | E/O  | 0       | Commissioner 7/1 NAIC 8/15 | Company                 | M,W                           |
|                  | 40            | Executive Summary of the PBR Actuarial Report   | 1                        | N/A  | 0       | 4/1                        | Company                 | M,W                           |
|                  | 41            | Life Summary of the PBR Actuarial Report  | 1                        | N/A  | 0       | 4/1                        | Company                 | M,W                           |
|                  | 42            | Variable Annuities Summary of the PBR Actuarial Report  | 1                        | N/A  | 0       | 4/1                        | Company                 | M,W                           |

| (1)<br>Checklist | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE  | (4)<br>NUMBER OF COPIES* |      |         | (5)<br>DUE DATE       | (6)<br>FORM<br>SOURCE** | (7)<br>APPLICABLE<br>NOTES*** |
|------------------|---------------|--|--------------------------|------|---------|-----------------------|-------------------------|-------------------------------|
|                  |               |  | Domestic                 |      | Foreign |                       |                         |                               |
|                  |               |  | State                    | NAIC | State   |                       |                         |                               |
|                  | 43            | PBR Actuarial Report   | 1                        | N/A  | 0       | 4/1                   | Company                 | M,W                           |
|                  | 44            | RAAIS required by <i>Valuation Manual</i>  | 1                        | N/A  | xxx     | 4/1                   | Company                 | M,W                           |
|                  | 45            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV                                 | AFF                      | EO   | xxx     | 3/1,5/15, 8/15, 11/15 | Company                 | M,W                           |
|                  | 46            | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV   | AFF                      | EO   | xxx     | 3/1,5/15, 8/15, 11/15 | Company                 | M,W                           |
|                  | 47            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | AFF                      | EO   | xxx     | 3/1,5/15, 8/15, 11/15 | Company                 | M,W                           |
|                  | 48            | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)         | AFF                      | EO   | xxx     | 3/1,5/15, 8/15, 11/15 | Company                 | M,W                           |
|                  | 49            | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI           | AFF                      | EO   | xxx     | 3/1,5/15, 8/15, 11/15 | Company                 | M,W                           |
|                  | 50            | RBC Certification required under C-3 Phase I   | AFF                      | EO   | 0       | 3/1                   | Company                 | M,W                           |
|                  | 51            | RBC Certification required under C-3 Phase II  | AFF                      | EO   | 0       | 3/1                   | Company                 | M,W                           |
|                  | 52            | Statement on non-guaranteed elements - Exhibit 5 Int. #3   | AFF                      | EO   | 0       | 3/1                   | Company                 |                               |
|                  | 53            | Statement on par/non-par policies – Exhibit 5 Int. 1&2   | AFF                      | EO   | 0       | 3/1                   | Company                 |                               |
|                  |               |  |                          |      |         |                       |                         |                               |
|                  |               | <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                    |                               |
|                  | 65            | Separate Accounts Electronic Filing  | xxx                      | EO   | xxx     | 3/1                   | NAIC                    |                               |
|                  | 66            | Separate Accounts .PDF Filing  | xxx                      | EO   | xxx     | 3/1                   | 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   | 0       | 6/1                   | Company                 | K,M,W                         |
| INS7160          | 82.1          | Request for Exemption to File Audited Financial Reports  | 1                        | N/A  | N/A     | 1/31                  | Company                 |                               |
| INS7166          | 83            | Audited Financial Reports Exemption Affidavit  | 1                        | N/A  | N/A     | 6/1                   | 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 for Exemption to File Management's Report of Internal Control Over Financial Reporting                                 | 1                        | N/A  | N/A     |                       | Company                 |                               |
|                  |               |  |                          |      |         |                       |                         |                               |
|                  |               | <b>V. STATE REQUIRED FILINGS</b>   |                          |      |         |                       |                         |                               |
| INS7006          | 100           | Application for Renewal of Certificate of Authority – Life Companies   | 1                        | 0    | 1       | 3/1                   | State****               |                               |
| INS7004          | 100.1         | Application for Renewal of Certificate of Authority - Fraternal  | 1                        | 0    | 1       | 3/1                   | State****               |                               |
| INS7147          | 101           | Foreign Premium Tax Return- DO NOT File Hardcopy – (Does not apply to Foreign Fraternal Companies)                             | 0                        | 0    | EO      | 3/1                   | State****               | W                             |
| INS7143          | 102           | Domestic Franchise Tax Return- DO NOT File Hardcopy  | EO                       | 0    | 0       | 3/1                   | State****               | W                             |

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|------------------|---------------|---|--------------------------|------|---------|---|-------------------------|-------------------------------|
|                  |               |   | Domestic                 |      | Foreign |   |                         |                               |
|                  |               |   | State                    | NAIC | State   |   |                         |                               |
| On-line only     | 103           | Premium Tax Advance Payment - Invoice Available On-Line 9/1 - Premium Tax On-Line Data <a href="https://gateway.insurance.ohio.gov/UI/ODI.Saap.Gateway.UI/Account.mvc/LogOn">https://gateway.insurance.ohio.gov/UI/ODI.Saap.Gateway.UI/Account.mvc/LogOn</a> secured logon) (Does not apply to Foreign Fraternal Companies) | 0                        | 0    | EO      | 10/15   | State                   | E                             |
| INS7240          | 104           | Electronic Filing Authenticity Affidavit  | 1                        | 0    | 0       | 3/1,4/1,4/30,5/15, 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                           |
| INS7140          | 106           | Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY  | EO                       | 0    | EO      | 3/1   | State****               | W                             |
| No Form          | 107           | 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          | 108           | NAIC IRIS Response (Required if 4 or more failures)   | 1                        | 0    | 1       | 5/15  | Company                 | V                             |
| No Form          | 109           | Affix Barcodes  | XXX                      | INFO | XXX     | Informational Only                                      | NAIC                    | K, S                          |
| INS7062          | 110           | Internet Submissions to NAIC  | INFO                     | INFO | INFO    | Informational Only                                      | State****               | S                             |
| INS7226          | 111           | 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          | 112           | 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                 |                               |
|                  | 113           | Corporate Governance Annual Disclosure*****   | 1                        | 0    | 0       | 6/1   | Company                 |                               |
|                  | 114           | Form F – Enterprise Risk Report *****   | 1                        | 0    | 0       | 6/1   | Company                 |                               |
|                  | 115           | Form B-Holding Company Registration Statement   | 1                        | 0    | 0       | 6/1   | Company                 |                               |
|                  | 116           | ORSA*****   | 1                        | 0    | 0       | 12/31   | Company                 |                               |
|                  | 117           | Group Capital Calculation (File with lead state only)*****  | 1                        | 0    | 0       | 6/1   | Company                 | X                             |
|                  | 118           | Cybersecurity Program Compliance Certification  | 1                        | 0    | 0       | 2/15 if Multistate insurer, 6/1 if Single state insurer | Company                 | Y                             |

\*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.  
 AFF (affidavit only filing);  
 EO (electronic only filing).

\*\*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](http://www.insurance.ohio.gov) under “ODI Forms”

\*\*\*\*\* Ohio has adopted the NAIC Corporate Governance Annual Disclosure Model Act. Therefore, 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](http://www.naic.org/public_lead_state_report.htm).

\*\*\*\*\* Ohio has adopted the NAIC updated Holding Company Model Act. Therefore, 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)

\*\*\*\*\* Ohio has adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act. Therefore, 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](http://www.naic.org/public_lead_state_report.htm)\*

**\*\*\*\*\* Ohio has adopted the NAIC Group Capital Calculation Model Act. For Groups without international business, the first filing is due is June 1, 2025. For Groups with international business, the first filing was due June 1, 2023. All insurance groups are required to file at least one Group Capital Calculation report. Annual reporting is due by insurance groups that exceed certain criteria, including a specified premium threshold. The Group Capital Calculation 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 and 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](http://www.naic.org/public_lead_state_report.htm)**

|   |   |  |
|---|---|--|
|   | <b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>  |  |
| A | Required Filings Contact Person:<br>Annual and Quarterly filings  | Risk Assessment (614)644-2647 or<br><a href="mailto:Risk.Assessment@insurance.ohio.gov">Risk.Assessment@insurance.ohio.gov</a>   |
| B | Mailing Address for Annual and Quarterly filings:<br><br>NONE<br><br>Electronic filings only.<br><br>NO HARDCOPIES REQUIRED.  | Do NOT mail Annual and Quarterly filings<br><br>E-mail electronic filings to<br><a href="mailto:janice.wheatley@insurance.ohio.gov">janice.wheatley@insurance.ohio.gov</a> |
| C | Mailing Address for Filing Fees:<br>Do not send checks for filing fees to the Department of Insurance. You will be billed when due.   | <u>NONE</u>  |
| D | <u>Mailing Address for Premium &amp; Franchise Tax Returns:</u><br>NONE.<br>Electronic filing only.<br>DO NOT file hardcopy with the Department of Insurance.<br>DO NOT send tax payments to the Department of Insurance.   | <u>NONE.</u><br>DO NOT Mail Tax Returns.<br><br>Electronic filing only.  |
| E | Mailing Address for Premium Tax Payments:<br><br>Must be paid by ACH debit.<br><br>If there are questions about this process, you may contact the Ohio Treasurer of State's office directly by e-mailing <a href="mailto:TOSINS@tos.ohio.gov">TOSINS@tos.ohio.gov</a> | <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 not 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 M 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 <a href="mailto:taxes@insurance.ohio.gov">taxes@insurance.ohio.gov</a> 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.  |
| 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:<br>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 is used for submission. |
| R | Reserved for future use   |   |
| 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 | Reserved for future use   |   |
| 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 filed electronically as an exhibit to the company's Premium Tax return at <a href="mailto:taxes@insurance.ohio.gov">taxes@insurance.ohio.gov</a> . |
| 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)  |
| X | Group Capital Calculation  | Ohio domestic insurers where Ohio is the lead state are required to provide (Ohio Revised Code 3901.33(L)(1)) unless the company qualifies for an exemption see Ohio Revised Code 3901.33 (L)(4)(c) and (d), (5-8).  |
| Y | Cybersecurity Program Compliance Certification pursuant to Ohio Revised Code Section 3965.02 (I)(1). | Ohio Domestic Insurers must file with the Market Conduct Division written statement certifying that the insurer is in compliance with the requirements set forth in this section (Ohio Revised Code 3965.02).  |

**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 ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts.PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplement.PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly.PDF Filing*** is the .pdf 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 (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.

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