

## PROPERTY & CASUALTY 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) 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 1/2" x 14")	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 1/2" 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 1/2" x 14")	AFF	EO	0	5/1	NAIC	M,W
<b>II. NAIC SUPPLEMENTS</b>								
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
12.1		Request for Exemption to File Actuarial Opinion	1	0	0	12/1	Company	
INS7008	12.2	Statement of Actuarial Opinion Exemption Affidavit	1	0	0	3/1	State	
	13	Actuarial Opinion Summary	1	N/A	0	3/15	Company	T
	14	Bail Bond Supplement	1	EO	0	3/1	NAIC	X
	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 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	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	AFF	EO	0	3/1	NAIC	M,W
	20	Financial Guaranty Insurance Exhibit	AFF	EO	0	3/1	NAIC	M,W
	21	Insurance Expense Exhibit	AFF	EO	xxx	4/1	NAIC	M,W
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	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	Market Conduct Annual Statement Premium Exhibit for Year	AFF	EO	0	3/1	NAIC	M,W
	26	Medicare Part D Coverage Supplement	AFF	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	27	Medicare Supplement Insurance Experience Exhibit	AFF	EO	xxx	3/1	NAIC	M,W
	28	Mortgage Guaranty Insurance Exhibit	AFF	EO	xxx	4/1	NAIC	M,W
	29	Premiums Attributed to Protected Cells Exhibit	AFF	EO	0	3/1	NAIC	M,W
	30	Private Flood Insurance Supplement	AFF	EO	0	4/1	NAIC	M,W
	31	Reinsurance Attestation Supplement	AFF	EO	xxx	3/1	Company	M,W
	32	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	M
	33	Reinsurance Summary Supplemental	AFF	EO	xxx	3/1	NAIC	M,W
	34	Risk-Based Capital Report	AFF	EO	0	3/1	NAIC	M,W
	35	Schedule SIS	1	N/A	N/A	3/1	NAIC	M
	36	Supplement A to Schedule T	AFF	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	M,W
	37	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	N
	38	Supplemental Health Care Exhibit (Parts 1 and 2 )	1	EO	0	4/1	NAIC	M,W
	39	Supplemental Investment Risk Interrogatories	AFF	EO	0	4/1	NAIC	M,W
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	AFF	EO	0	3/1	NAIC	M,W
	41	Trusteed Surplus Statement	AFF	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	W

(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>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	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		6/1	Company	
INS7160	83.1	Request for Exemption to File Audited Financial Reports	1	N/A	0	1/31	Company	
INS7166	83.2	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		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	
INS7160	91	Request to File Consolidated/Combined Audited Annual Statements	1	N/A	N/A	1/31	Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	1/31	Company	
<b>V. STATE REQUIRED FILINGS***</b>								
	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 ( <a href="https://gateway.insurance.ohio.gov">https://gateway.insurance.ohio.gov</a> secured on-line logon)	0	0	EO	10/15	State	E
	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
INS7140	106	Business Tax Credit (If applicable) – DO NOT FILE HARDCOPY	EO	0	EO	3/1	State****	
INS7148	107	Premium Dividend Calculation	INFO	INFO	INFO	Informational Only	State****	S
INS7016	108	Exhibit of Fire Marshal Premiums – DO NOT FILE HARD COPY	EO	0	0	3/1	State****	W

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			Domestic		Foreign			
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No Form	109	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	110	NAIC IRIS Response (Required if 4 or more failures)	1	0	1	5/15	Company	V
No Form	111	Affix Barcodes	XXX	INFO	XXX	Informational Only	NAIC	K, S
INS7062	112	Internet Submissions to NAIC	INFO	INFO	INFO	Informational Only	State****	S
INS7226	113	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
	114	Corporate Governance Annual Disclosure*****	1	0	0	6/1	Company	
	115	Form B-Holding Company Registration Statement	1	0	0	6/1	Company	
	116	Form F-Enterprise Risk Report *****	1	0	0	6/1	Company	
	117	ORSA *****	1	0	0	12/31	Company	
	118	Group Capital Calculation (File with lead state only) *****	1	0	0	6/1	Company	X
	119	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 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](http://www.insurance.ohio.gov) under “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: Annual and Quarterly filings	Risk Assessment (614)644-2647 or <a href="mailto:Risk.Assessment@insurance.ohio.gov">Risk.Assessment@insurance.ohio.gov</a>
B	Mailing Address for Annual and Quarterly filings:  NONE  Electronic filings only.  NO HARDCOPIES REQUIRED.	Do NOT mail Annual and Quarterly filings  E-mail electronic filings to <a href="mailto:janice.wheatley@insurance.ohio.gov">janice.wheatley@insurance.ohio.gov</a>
C	Mailing Address for Filing Fees: 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> NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to the Department of Insurance.	NONE. DO NOT Mail Tax Returns.  Electronic filing only.
E	Mailing Address for Premium Tax Payments: Must be paid by ACH debit  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 attach 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/or 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	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 filed electronically as an exhibit to the company’s Premium Tax return at 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) or any forms with “1” for domestic may be filed electronically and no hardcopy required.
X	Group Capital Calculation	Ohio domestic insurers where Ohio is the lead state are required to provide Group Capital Calculation (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 ***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.

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