

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: LOUISIANA Filings Made During the Year 2012

(1) Check- list	(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 1/2" x 14")	2	EO	xxx	3/1	NAIC	A-O
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	A-O
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A-O
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	A-O
	4	Combined Annual Statement (8 1/2" x 14")	0	EO	0	5/1	NAIC	A-O
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	A-O
	11	Actuarial Opinion	2	EO	xxx	3/1	Company	A-O
	12	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	A-O
	13	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	A-O
	14	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	A-O
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	A-O
	16	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	A-O
	18	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	A-O
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	A-O
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	A-O
	21	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	A-O
	22	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	A-O
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A-O
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A-O
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A-O
	26	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	A-O
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	A-O
	29	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	A-O
	30	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	A-O
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	A-O
	32	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A-O
	34	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	A-O
	72	Audited Financial Reports	2	EO	xxx	6/1	Company	A-O
	73	Audited Financial Reports Exemption Affidavit	0	N/A	N/A	5/20	Company	A-O
	74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	A-O
	75	Change in Independent CPA	2	N/A	N/A	Within 5 days of Chg	Company	A-O
	76	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	A-O
	77	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	A-O
	78	Request for Exemption/Extension to File	1	N/A	1	5/20	Company	A-O
	79	Request to File Consolidated Audited Annual Statements	1	N/A	1	5/20	Company	A-O

	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A-O
	81	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A-O
	82	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A-O
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	1	3/1	State	A-O
	102	Certificate of Deposit (<i>See Note P</i>)	0	0	1	3/1	State	A-O, P
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1, 5/15, 8/15, 11/15	State	A-O
	104	Premium tax (<i>See Note Q</i>)	1	0	1	3/1, 4/15, 7/15, 10/15	State	A-O, Q
	105	State Filing Fees	1	0	1	3/1	State	A-O
	106	Signed Jurat# (<i>See Notes L & N</i>)	0	0	0	Not Applicable	NAIC#	A-O
	107	Detailed Listing of Investments w/Code Citations	1	0	0	3/1	Company	A-O
	108	Holding Company Registration Statement (B & C)	1	0	N/A	4/30	Company	A-O
	109	HIPPA Assessment Worksheet	1	0	1	3/1	State	A-O, R
	110#	Anti-Fraud Plan Supplemental Report#	1	0	1	Due between 1/1 and 4/1	State	A-O, S
	111#	Anti-Fraud Plan Annual Summary Report#	1	0	1	Due between 1/1 and 4/1	State	A-O, S

*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.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Stewart Guerin (225) 219-3929 sguerin@ldi.la.gov
B	Mailing Address:	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804-9214 Attn: Administrative Services
C	Mailing Address for Filing Fees: *** Filing Fees are included in the Premium Tax Return *** (Form 1061, Schedule C, Part 1, Line 8)	See Note D below
D	Mailing Address for Premium Tax Payments: (Questions regarding premium taxes, or filing fees, should be directed to Tommy Coco, (225) 342-1012, tcoco@ldi.la.gov)	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804-9214 Attn: Tax Division
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day.
F	Late Filings:	All filings not delivered in accordance with Note E above will be considered late, and may be subject to regulatory action including fines and/or suspension.
G	Original Signatures:	Original signatures required on all filings from Domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification:	Signatures of at least two principal officers are required for Annual and Quarterly Statement filings.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
J	Exceptions from normal filings:	Foreign companies shall supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Louisiana. Domestic companies shall apply at least 10 days prior to the original due date.
K	Bar Codes (State or NAIC):	Not Applicable
L	Signed Jurat:	Not Applicable
M	NONE Filings:	"NONE" Filings are not required.
N	Filings new, discontinued or modified materially since last year:	No longer required: - Stop Loss Worksheet - Signed Jurats have been discontinued. - Audited Financial Statements are no longer required to be filed if a hard copy is filed with the state of domicile, and electronically with the NAIC.
O	Physical Street Address:	1702 North Third Street Baton Rouge, LA 70802
P	Certificate of Deposit: <i>Those companies that have received an exemption under LRS 22:804 (formerly LRS 22:1024) from having to post a Louisiana statutory deposit shall send (no later than 3/1) a Certificate of Deposit issued by the company's Domiciliary State (dated no earlier than 12/31/2011) under separate cover to the following address:</i>	Louisiana Department of Insurance 1702 North Third Street Baton Rouge, LA 70802 Attn: Statutory Deposit Division
Q	Reduction of tax when certain investments are made in Louisiana	For those insurers taking such a credit on its Louisiana premium taxes under LRS 22:832, evidence of a qualifying Louisiana investment may be established by a deposit receipt, bank statement, a letter, or other written documentation from the depository institution verifying that funds were deposited in Louisiana.
R	HIPAA Assessment Worksheet (Questions regarding the HIPAA Assessment should be directed to Tom Portier, (225) 342-6191, tportier@ldi.la.gov)	All HMOs and insurers classified as Life or Fire & Casualty that are authorized to write the business of health insurance must complete the HIPAA Assessment Worksheet and return it along with a copy of the appropriate state page from each company's annual statement and Part 2 (primary policy form numbers) on or before March 1, 2012.
S	Anti-Fraud Plan (Electronic Filing): (Questions regarding anti-fraud plan related filings should be directed to Paul Boudreaux, (225) 219-5819, pboudreaux@ldi.la.gov)	Effective 1/1/2011, every insurer and HMO is required to file an anti-fraud plan with the Commissioner under LRS 22:572.1. Subsequent to the initial filing, each insurer or HMO is required to annually file both a supplemental report and an annual summary report. Please see Advisory Letter #2010-02 for further information.

**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 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. 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 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 *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 (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) (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.