PROPERTY & CASUALTY INSURERS

COMPANY NAME:		NAIC Company Code:
Contact:		Telephone:
REOUIRED FILINGS IN THE STATE OF:	LOUISIANA	Filings Made During the Year 2019

(1) (2)		(3)	(4)			(5)	(6)	(7)
Check- list	Line #				DUE DATE FOI		APPLICABLE NOTES	
list	#		Domestic State NAIC		Foreign State	-	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
	1	Annual Statement (8 ½" 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 ½" 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 ½" x 14")	0	EO	0	5/1	NAIC	A-O
		Committee Financial Statement (C /2 /1 T F)				<i>U,</i> 1	1,1110	110
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	2	EO	XXX	4/1	NAIC	A-O
	12	Actuarial Opinion	2	EO	XXX	3/1	Company	A-O
	13	Actuarial Opinion Summary	2	N/A	XXX	3/15	Company	A-O
	14	Bail Bond Supplement	2	EO	XXX	3/1	NAIC	A-O
	15	Combined Insurance Expense Exhibit	2	EO	XXX	5/1	NAIC	A-O
	16	Credit Insurance Experience Exhibit	2	EO	XXX	4/1	NAIC	A-O
	17	Cybersecurity & Identity Theft Ins Coverage Supp	2	EO	XXX	4/1	NAIC	A-O
	18	Director and Officer Insurance Coverage Supplement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	19	Financial Guaranty Insurance Exhibit	2	EO	XXX	3/1	NAIC	A-O
	20	Insurance Expense Exhibit	2	EO	XXX	4/1	NAIC	A-O
I		Life, Health & Annuity Guaranty Assessment Base						
	21	Reconciliation Exhibit	2	EO	XXX	4/1	NAIC	A-O
	26	Life, Health & Annuity Guaranty Assessment Base						
	22	Reconciliation Exhibit Adjustment Form	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 Part D Coverage Supplement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	XXX	3/1	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	Exceptions to Reinsurance Attestation Supplement	2	N/A	XXX	3/1	Company	A-O
	30	Reinsurance Summary Supplemental	2 2	EO EO	XXX	3/1 3/1	NAIC NAIC	A-O A-O
	32	Risk-Based Capital Report Schedule SIS	2	N/A	XXX N/A	3/1	NAIC	A-O A-O
	33	Supplement A to Schedule T	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	A-O
	34	Supplemental Compensation Exhibit	2	N/A	XXX N/A	3/1, 3/13, 8/13, 11/13	NAIC	A-O A-O
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	XXX	4/1	NAIC	A-0 A-0
	36	Supplemental Health Care Exhibit's Allocation Report	2	EO	XXX	4/1	NAIC	A-0
	37	Supplemental Investment Risk Interrogatories	2	EO	XXX	4/1	NAIC	A-O
	31	Supplemental Schedule for Reinsurance Counterparty		LO	ΛΛΛ	7/1	NAIC	A-O
	38	Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	A-O
	39	Trusteed Surplus Statement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A-O
		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	
	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	2	EO	N/A	6/1	Company	A-O
	82	Audited Financial Reports	2	EO	XXX	6/1	Company	A-O
	83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A	5/20	Company	A-O
		Communication of Internal Control Related Matters Noted			,			
	84	in Audit	2	EO	N/A	8/1	Company	A-O
	85	Change in Independent CPA	2	N/A	N/A	Within 5 days of Chg	Company	A-O
	•		•	•	•			•

	Management's Report of Internal Control Over Financial						
86	Reporting	2	N/A	N/A	8/1	Company	A-O
87	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	A-O
	Relief from the five-year rotation requirement for lead audit						
88	partner	1	EO	N/A	3/1	Company	A-O
	Relief from the one-year cooling off period for independent						
89	CPA	1	EO	N/A	3/1	Company	A-O
90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A-O
91	Request to File Consolidated Audited Annual Statements	1	N/A	1	5/20	Company	A-O
	Request for Exemption to File Management's Report of						
92	Internal Control Over Financial Reporting	1	N/A	N/A	7/1	Company	A-O
93	Request for Extension to File	1	N/A	1	5/20	Company	A-O
	V. STATE REQUIRED FILINGS						
101	Corporate Governance Annual Disclosure*** (See Note T)	1	0	N/A	6/1	Company	A-O, T
102	Filings Checklist (with Column 1 completed)	1	0	0	3/1, 5/15, 8/15, 11/15	State	A-O
103	Form B & C-Holding Company Registration Statement	1	0	N/A	4/30	Company	A-O
104	Form F-Enterprise Risk Report ****	1	0	N/A	4/30	Company	A-O
105	ORSA Summary Report ***** (See Note U)	1	0	N/A	12/1	Company	A-O, U
106	Premium tax (See Note D)	1	0	1	3/1, 4/15, 7/15, 10/15	State	A-O, Q
107	State Filing Fees (See Note D)	1	0	1	3/1	State	A-O
108	Signed Jurat (See Note L) (Foreign only)	0	0	0	Not Applicable	NAIC	A-O
109	Certificate of Compliance (See Note V)	0	0	1	3/1	State	A-O, V
110	Certificate of Deposit (See Note P)	0	0	1	3/1	State	A-O, P
111	Detailed Listing of Investments w/Code Citations	1	0	0	3/1	Company	A-O
112	HIPPA Assessment Worksheet (See Note R)	1	0	1	3/1	State	A-O, R
113	Anti-Fraud Plan Annual Summary/Statistical Report	1	0	1	Due between 1/1 and 4/1	State	A-O, S
	, i						
				1			1

^{*}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).

****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 <u>not</u> 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

*****For those states that have 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

Highlighted items are new, or changes, for 2019.

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

^{***}For those states that have 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 <u>not</u> 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)	Standard Committee			
A Required Filings Contact Person:		Stewart Guerin			
		(225) 219-3929 sguerin@ldi.la.gov			
		<u>sguerme idi.id.gov</u>			
В	Mailing Address:	MAILING	PHYSICAL		
		Louisiana Department of Insurance	Louisiana Department of Insurance		
		Administrative Services	Administrative Services		
		P. O. Box 94214	1702 North 3rd Street		
		Baton Rouge, LA 70804-9214	Baton Rouge, LA 70802		
С	Mailing Address for Filing Fees (Electronic Filing):	\$1,000 Filing Fee, included in the Pr	emium Tax Return (e-file)		
D	Mailing Address for Premium Tax Payments (Electronic Filing):	The Annual Premium Tax Statement	Form 1061) and Annual Municipal		
		Premium & Tax Report (Form 1076) LDI's Industry Access Portal:	should be filed online through the		
			,		
		https://ia.ldi.state.la.us/IndustryAcce.			
		These forms are no longer available by mail.	on our website to download and send		
		Questions regarding premium taxes,	or filing fees, should be directed to		
		Tommy Coco, (225) 342-1012, tcoco			
Е	Delivery Instructions:	All filings must be postmarked no lat	er than the indicated due date. If the		
		due date falls on a weekend or holida			
		business day.	•		
F	Late Filings:	All filings not delivered in accordance	e with Note E above will be		
		considered late, and may be subject to			
		and/or suspension.	88		
G	Original Signatures:	Original signatures required on all filings from Domestic companies.			
		Foreign companies should follow the NAIC Annual Statement			
		Instructions.			
Н	Signature/Notarization/Certification:	Signatures of at least two principal of	ficers are required for Annual and		
		Quarterly Statement filings, which sh			
		signed by the appropriate corporate o	fficers, have the corporate seal affix		
		thereon where appropriate, and be pro-	operly notarized.		
I	Amended Filings:				
		with an explanation of the amendmen			
		for the original filing, same should be	e followed for any amendment.		
J	Exceptions from normal filings:	Foreign companies shall supply a wr			
		extension received by its state of dom			
		due date to receive such from Louisia			
		at least 10 days prior to the original d	ue date.		
K	Bar Codes (State or NAIC):	Not Applicable			
L	Signed Jurat:	Not Applicable			
M	NONE Filings:	"NONE" Filings are not required.			
N.T	Ellings now discontinued on modified accessible size less	T' 01 T'0 TT 11 0			
N	Filings new, discontinued or modified materially since last year:	Line 21 - Life, Health & Annuit Reconciliation Exhibit	y Guaranty Assessment Base		
		Line 22 - Life, Health & Annuit	y Guaranty Assassment Dose		
		Table 7.7. = Line. Health & Annini	y Guaranty Assessment Dase		
		Reconciliation Exhibit Adjustm	ent Form		
0	Physical Street Address:		ent Form		
0	Physical Street Address:	Reconciliation Exhibit Adjustm	ent Form		
O	Physical Street Address: Certificate of Deposit (Electronic Filing):	Reconciliation Exhibit Adjustn 1702 North Third Street Baton Rouge, LA 70802 Insurers shall submit a Certificate of	Deposit issued by the insurer's		
		Reconciliation Exhibit Adjustn 1702 North Third Street Baton Rouge, LA 70802	Deposit issued by the insurer's n 12/31/2018) to the following ema		

		Questions regarding statutory deposits should be directed to Ashley Murphy, (225) 342-1259, amurphy@ldi.la.gov
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 (Upon request). File Form 1068C at the address listed in Note D above.
R	HIPAA Assessment Worksheet (Electronic Filing):	The HIPAA Assessment Worksheet (for the reporting of premiums collected in 2018) is to be filed electronically through the Industry Access portal. For questions, please email HIPAAWorksheet@ldi.la.gov https://ia.ldi.state.la.us/IndustryAccess/
S	Anti-Fraud Plan (Electronic Filing):	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. LDI "Industry Access Portal, Anti-Fraud Plans Module" https://ia.ldi.state.la.us/IndustryAccess/
		(Questions regarding anti-fraud plan related filings should be directed to Mike Calamari, (225) 219-9759, mcalamari@ldi.la.gov)
Т	Corporate Governance Annual Disclosure:	Act No. 304 of the 2015 Louisiana Regular Legislative Session requires the submission of a Corporate Governance Annual Disclosure.
		Please contact Stewart Guerin with any questions, (225) 219-3929, sguerin@ldi.la.gov
U	ORSA Summary Report:	Act No. 196 of the 2015 Louisiana Regular Legislative Session requires certain insurers to file an ORSA Summary Report.
		Please contact Stewart Guerin with any questions, (225) 219-3929, sguerin@ldi.la.gov
W	Certificates of Compliance (Electronic Filing):	Each insurer shall <u>electronically</u> submit a Certificate of Compliance from its domiciliary state to the following email address: <u>administrativeservices@ldi.la.gov</u> .

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 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 (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 <u>before</u> submitting a filing.