

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **IDAHO** Filings Made During the Year 2009

***If XXX appears in this column, no filing is required if data is filed electronically with the NAIC.**

(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"X14")	2	EO	xxx	3/1	NAIC	See Notes A,F&L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	See Note O
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	xxx	3/1	Company	
	12	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	
	14	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	2	EO	xxx	3/1	Company	
	15	Life Supp Statement on par/non-par policies – Exh 5 Int. 1.1	2	EO	xxx	3/1	Company	
	16	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	
	17	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	21	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	
	22	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	
	23	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	45	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	46	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	47	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	48	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	
	62	Audited Financial Statements	2	EO	xxx	6/1	Company	
	63	Audited Financial Statements Exemption Affidavit	0	N/A	N/A		Company	
	64	Independent CPA	0	N/A	N/A		Company	
	65	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	66	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A		Company	
	67	Request for Exemption to File	1	N/A	N/A		Company	
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	0	0	0	3/1	State	
	102	State Filing Fees	1	0	1	3/1	State	See Note P
	103	Signed Jurat	2	xxx	1	3/1	NAIC	See Note L
	104	Certificate of Compliance	0	N/A	1	3/1	Company	See Note Q
	105	Certificate of Deposit	0	N/A	1	3/1	Company	See Note R
	106	Premium Tax	1	N/A	1	3/1	Company	
	107	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers	1	N/A	1	3/1	State	See Note S
	108	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit & Adjustments	2	N/A	SEE NOTE T	4/1	Company	See Note T File with GA
	109	Assessable Idaho Premiums Report	1	N/A	SEE NOTE T	4/1	Company	See Note T File with GA
	110	Grievance System Description, Grievance Report, and Annual Disclosure IF company is licensed for Disability-Including Managed Care OR Disability-Managed Care Only	1	N/A	1	3/1	Company	See Note V New! By Request Only

***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:	
	Financial Statements:	Carol Anderson (208) 334-4309 carol.anderson@doi.idaho.gov Martha Smith (208) 334-4315 martha.hopper@doi.idaho.gov
	Premium Taxes & Continuation Fees:	Kathy Miller (208) 334-4282 kathy.miller@doi.idaho.gov
	Annual Small Group and Individual Assessment Base Survey:	Joan Krosch (208) 334-4300 joan.krosch@doi.idaho.gov
B	Mailing Address:	Idaho Department of Insurance 700 West State Street 3 rd Floor PO Box 83720 Boise, ID 83720-0043
C	Mailing Address for Filing Fees:	Same as above
D	Mailing Address for Premium Tax Payments:	Same as above
E	Delivery Instructions:	All hardcopy filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Foreign company electronic filings will be deemed filed based on the date the NAIC marks the filing as received. Electronic filings that are initially rejected due to validation errors and subsequently marked received when accepted by the NAIC may be subject to late filing penalties. Foreign company filings submitted to the Department in lieu of being filed electronically with the NAIC, will be deemed filed based on the postmark. Domestic hardcopy filings will be deemed filed based on the postmark date. Companies will be fined \$25.00 per day for a late filing.
G	Original Signatures:	Required for domestic companies. Not Required for foreign companies.
H	Signature/Notarization/Certification:	Required for domestic companies. Not Required for foreign companies.
I	Amended Filings:	To be submitted with cover letter and jurat page signed by top two officers.
J	Exceptions from normal filings: Extensions and/or exemptions do not apply to premium tax and fees.	Requests for extensions for a period of 30 days or less beyond the regular due date or exemptions, from filing the annual statement only , will not be required providing the domiciliary state has granted the extension or exemption and notified the NAIC. Extensions beyond 30 days will require written

			request for extension prior to expiration of the initial 30 day period, and domiciliary approval
	K	Bar Codes (State or NAIC):	Not Required.
	L	Signed Jurat: Foreign Companies Submit copy of Jurat with annual filing only. Do not file quarterly Jurat pages.	Domestics – Original Signature, Notarization/Certification required. FOREIGN COMPANIES – submit copy of Jurat page with the annual filing only. Do not file the Quarterly Jurat.
	M	NONE Filings:	See NAIC Annual Statement Instructions for Supplemental Interrogatories.
	N	Filings new, discontinued or modified materially since last year:	Managed Care Reporting MODIFIED <u>SEE NOTE V</u>
	O	Quarterly Financial Statements Domestics-File two printed statements and any attachments Foreign – Do not file quarterly statements or Jurat pages	Domestics must file two printed statements. Foreign companies are NOT required to file Quarterly Financial Statements or their Jurat Page
	P	Continuation Fee	Continuation Fee Statement is included with Premium Tax Filings.
	Q	Certificate of Compliance, Foreign Companies	Most current Certificate MUST BE PROVIDED with the March 1 filings , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an original ; copies will not be accepted.
	R	Certificate of Deposit, Foreign Companies	Most current Certificate MUST BE PROVIDED with the March 1 filings , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an original ; copies will not be accepted.
	S	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers. THIS MUST BE FILED ELECTRONICALLY. PLEASE READ FILING INSTRUCTIONS www.doi.idaho.gov/	Pool Assessment Base Filing Requirements for the Idaho Small Employer Health Reinsurance Program and Idaho Individual High Risk Reinsurance Pool (Assessment Base Survey) for all Licensed Disability Insurers.
	T	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit and Life, Health & Annuity Guaranty Assessment Base Reconciliation Adjustment Form. Please email or call Candie Kinch at ckinch@idlifega.org or 208/378-9510, Website http://www.idlifega.org	Foreign Companies – these exhibits are to be filed directly with the Idaho Life & Health Insurance Guaranty Association NOT with the Idaho Department of Insurance.
	U	Report of Assessable Idaho Premiums Please email or call Candie Kinch at ckinch@idlifega.org or 208/378-9510, Website http://www.idlifega.org	This report is to be filed directly with the Idaho Life & Health Insurance Guaranty Association NOT with the Idaho Department of Insurance.
	V	Managed Care Reporting <u>NEW! Annual Disclosure and Grievance System reporting to the DOI are no longer required unless requested by the Director.</u> See our website for additional information on these filings. http://www.doi.idaho.gov/company/grievance.aspx	See Idaho Code §41-3914 for Annual Disclosure and §41-3918 for Grievance System Report.

**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 Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly .PDF Filing* is the .pdf file for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

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 have chosen 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 (generally, on the state web site). 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.