

PROPERTY & CASUALTY INSURERS

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 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" x 14") | 2 | EO | xxx | 3/1 | NAIC | See Notes E,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 |
| | 3 | Protected Cell Annual Statement | 2 | 0 | xxx | 3/1 | NAIC | |
| | 4 | Combined Annual Statement (8 1/2" x 14") | 2 | EO | xxx | 5/1 | NAIC | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 11 | Actuarial Opinion Summary | 2 | N/A | xxx | 3/15 | Company | See Note N |
| | 12 | Combined Insurance Expense Exhibit | 2 | EO | xxx | 5/1 | NAIC | |
| | 13 | Credit Insurance Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 14 | Exceptions to Reinsurance Attestation Supplement | 2 | N/A | xxx | 3/1 | Company | |
| | 15 | Financial Guaranty Insurance Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 16 | Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | |
| | 17 | Insurance Expense Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 18 | Long Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 19 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | |
| | 20 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 21 | Medicare Part D Coverage Supplement | 2 | EO | | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 22 | Premiums Attributed to Protected Cells Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 23 | Reinsurance Attestation Supplement | 2 | EO | xxx | 3/1 | Company | |
| | 24 | Reinsurance Summary Supplemental | 2 | EO | xxx | 3/1 | NAIC | |
| | 25 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC | |
| | 26 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 27 | Statement of Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | |
| | 28 | Supplement A to Schedule T | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 29 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | |
| | 30 | Trusted Surplus Statement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | 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 | Combined Annual Statement Electronic Filing | xxx | 1 | xxx | 5/1 | NAIC | |
| | 45 | Combined Annual Statement .PDF Filing | xxx | 1 | xxx | 5/1 | NAIC | |
| | 46 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 47 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 48 | Quarterly Statement Electronic Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 49 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 50 | June .PDF Filing | xxx | 1 | xxx | 6/1 | 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 | |
| | 68 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Certificate of Compliance | 0 | 0 | 1 | 3/1 | State | See Note P |
| | 102 | Certificate of Deposit | 0 | 0 | 1 | 3/1 | State | See Note Q |
| | 103 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | 3/1 | State | |
| | 104 | Premium tax | 1 | 0 | 1 | 3/1 | State | |
| | 105 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | See Note R |
| | 106 | Signed Jurat | 2 | xxx | 1 | 3/1 | NAIC | See Note L |
| | 107 | Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers | 1 | N/A | 1 | 3/1 | State | See Note S |
| | 108 | Schedule for Allocation of Fire Premiums | 1 | N/A | 1 | 3/1 | State | See Note T |
| REVISED | 109 | Assessable Idaho Premiums Report | 1 | N/A | 1 | S/B 3/1 | GA | See Note U |

*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 <u>hardcopy</u> 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 fee filings. | 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 |

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| | | | 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 – This state waives foreign insurers from filing printed annual statements and supplements. Foreign insurers instead file with us a copy of a Signed Jurat page as confirmation of NAIC electronic filing. |
| | M | NONE Filings: | See NAIC Annual Statement Instructions for Supplemental Interrogatories. |
| | N | Filings new, discontinued or modified materially since last year: | NEW- Actuarial Opinion Summary |
| | O | Quarterly Financial Statements Domestics-File two printed statements and any attachments Foreign –Do not file quarterly statements or Jurat pages | Foreign companies do NOT file Quarterly Financial Statements or their Jurat Pages. Domestics must file two printed statements and any attachments. |
| | P | Certificate of Compliance | 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. |
| | Q | Certificate of Deposit | 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 | Continuation Fee | Continuation Fee Statement is included with Premium Tax Filings |
| | 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 | Schedule for Allocation of Fire Premiums | Form under Property/Casualty Filing |
| | U | Report of Assessable Idaho Premiums Questions regarding this filing should be directed to Candie Kinch at the Idaho Life & Health Insurance Guaranty Association. Phone Number 208/378-9510, Email ckinch@idlifega.org. 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. REVISED-DUE DATE IS 3/1/2009 |

**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.

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.