## PROPERTY & CASUALTY INSURERS

| COMPANY NAME:                     | NAIC Company Code:                |  |  |  |  |
|-----------------------------------|-----------------------------------|--|--|--|--|
| Contact:                          | Telephone:                        |  |  |  |  |
| REOUIRED FILINGS IN THE STATE OF: | Filings Made During the Year 2022 |  |  |  |  |

| (1)       | (2)             | (3)   | (4)<br>NUMBER OF COPIES* |      |                  | (5)                       | (6)<br>FORM | (7)<br>APPLICABLE |
|-----------|-----------------|---|--------------------------|------|------------------|---------------------------|-------------|-------------------|
| Checklist | Line #          | REQUIRED FILINGS FOR THE ABOVE STATE                | Dome<br>State            |      | Foreign<br>State | DUE DATE                  | SOURCE**    | NOTES             |
|           |                 | I. NAIC FINANCIAL STATEMENTS                        | State                    | NAIC | State            |                           | 1           |                   |
|           | 1               | Annual Statement (8 ½" x 14")                       | 1                        | EO   | XXX              | 3/1                       | NAIC        | H,L,M             |
|           | 1.1             | Printed Investment Schedule detail (Pages E01-E29)  | 1                        | EO   | XXX              | 3/1                       | NAIC        | H,L,M             |
|           | 2               | Quarterly Financial Statement (8 ½" x 14")          | 1                        | EO   | XXX              | 5/15, 8/15,               | NAIC        | 11,L,W            |
|           | 2               | Quarterly Financial Statement (8 72 X 14 )          | 1                        | EO   | XXX              | 11/15                     | NAIC        |                   |
|           | 3               | Protected Cell Annual Statement                     | 1                        | 0    | XXX              | 3/1                       | NAIC        |                   |
|           | 4               | Combined Annual Statement (8 ½" x 14")              | 1                        | EO   |                  | 5/1                       | NAIC        |                   |
|           | 4               | Combined Annual Statement (8 72 x 14 )              | 1                        | EU   | XXX              | 3/1                       | NAIC        |                   |
|           |                 | II. NAIC SUPPLEMENTS                                |                          | 1    | I                | l .                       |             |                   |
|           | 11              | Accident & Health Policy Experience Exhibit         | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 12              | Actuarial Opinion                                   | 1                        | EO   | XXX              | 3/1                       | Company     |                   |
|           | 13              | Actuarial Opinion Summary                           | 1                        | N/A  | XXX              | 3/15                      | Company     |                   |
|           | 14              | Bail Bond Supplement                                | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           | 15              | Combined Insurance Expense Exhibit                  | 1                        | EO   | XXX              | 5/1                       | NAIC        |                   |
|           | 16              | Credit Insurance Experience Exhibit                 | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 17              | Cybersecurity and Identity Theft Insurance          | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 1,              | Coverage Supplement                                 | 1                        |      | AAA              |                           | 1.7110      |                   |
|           | 18              | Director and Officer Insurance Coverage             | 1                        | EO   | XXX              | 3/1, 5/15,                | NAIC        |                   |
|           | 10              | Supplement Supplement                               |                          | Lo   | Z.A.A.           | 8/15, 11/15               | wife        |                   |
|           | 19              | Financial Guaranty Insurance Exhibit                | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           | 20              | Insurance Expense Exhibit                           | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 21              | Life, Health & Annuity Guaranty Association         | 1                        | LO   | ΛΛΛ              | 4/1                       | NAIC        |                   |
|           | 21              | Assessable Premium Exhibit, Parts 1 and 2           | 1                        | EO   | xxx              | 4/1                       | NAIC        |                   |
|           | 22              | Long-Term Care Experience Reporting Forms           | 1                        | EO   |                  | 4/1                       | NAIC        |                   |
|           | 23              | Management Discussion & Analysis                    | 1                        | EO   | XXX              | 4/1                       |             |                   |
|           |                 |   |                          |      | XXX              |                           | Company     |                   |
|           | <mark>24</mark> | Medicare Part D Coverage Supplement                 | 1                        | ЕО   | XXX              | 3/1, 5/15,<br>8/15, 11/15 | NAIC        |                   |
|           | <mark>25</mark> | Medicare Supplement Insurance Experience Exhibit    | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           | 26              | Mortgage Guaranty Insurance Exhibit                 | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 27              | Premiums Attributed to Protected Cells Exhibit      | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           | 28              | Private Flood Insurance Supplement                  | 1                        | ЕО   | XXX              | 4/1                       | NAIC        |                   |
|           | 29              | Reinsurance Attestation Supplement                  | 1                        | EO   | XXX              | 3/1                       | Company     |                   |
|           | 30              | Exceptions to Reinsurance Attestation Supplement    | 1                        | N/A  | XXX              | 3/1                       | Company     |                   |
|           | 31              | Reinsurance Summary Supplemental                    | 1                        | ЕО   | XXX              | 3/1                       | NAIC        |                   |
|           | 32              | Risk-Based Capital Report                           | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           | 33              | Schedule SIS  | 1                        | N/A  | N/A              | 3/1                       | NAIC        |                   |
|           | 34              | Supplement A to Schedule T                          | 1                        | EO   | XXX              | 3/1, 5/15,                | NAIC        |                   |
|           | 3.              | Supplement I to Senedulo I                          | •                        | Lo   | AAA              | 8/15, 11/15               | Tune        |                   |
|           | 35              | Supplemental Compensation Exhibit                   | 1                        | N/A  | N/A              | 3/1                       | NAIC        |                   |
|           | 36              | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1                        | ЕО   | XXX              | 4/1                       | NAIC        |                   |
|           | 37              | Supplemental Health Care Exhibit's Allocation       | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           |                 | Report Supplement                                   |                          |      |                  |                           |             |                   |
|           | 38              | Supplemental Investment Risk Interrogatories        | 1                        | EO   | XXX              | 4/1                       | NAIC        |                   |
|           | 39              | Supplemental Schedule for Reinsurance               | 1                        | EO   | XXX              | 3/1                       | NAIC        |                   |
|           |                 | Counterparty Reporting Exception – Asbestos and     |                          |      |                  |                           |             |                   |
|           |                 | Pollution Contracts                                 |                          |      |                  |                           |             |                   |
|           | 40              | Trusteed Surplus Statement                          | 1                        | EO   | XXX              | 3/1, 5/15,                | NAIC        |                   |
|           |                 | 1   |                          |      |                  | 8/15, 11/15               |             |                   |
|           |                 | W. EL ECTRONIC EN SIGNATURE                         |                          |      |                  |                           |             |                   |
|           | (1              | III. ELECTRONIC FILING REQUIREMENTS                 |                          | FO   | 1                | 2/1                       | NATO        |                   |
|           | 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                      | ЕО   | XXX              | 4/1                       | NAIC        |                   |

| (1)       | (2)    | (3)  | (4)<br>NUMBER OF COPIES* |      | (5)     | (6)<br>FORM              | (7)<br>APPLICABLE |       |
|-----------|--------|--|--------------------------|------|---------|--------------------------|-------------------|-------|
| Checklist | Line # | REQUIRED FILINGS FOR THE ABOVE STATE   | Dome                     |      | Foreign | DUE DATE                 | SOURCE**          | NOTES |
|           |        |  | State                    | NAIC | State   | 1                        |                   |       |
|           | 69     | Quarterly Statement Electronic Filing  | XXX                      | ЕО   | XXX     | 5/15, 8/15,<br>11/15     | NAIC              |       |
|           | 70     | Quarterly .PDF Filing  | XXX                      | EO   | xxx     | 5/15, 8/15,<br>11/15     | NAIC              |       |
|           | 71     | June .PDF Filing   | XXX                      | ЕО   | XXX     | 6/1                      | NAIC              |       |
|           |        | IV. AUDIT/INTERNAL CONTROL<br>RELATED REPORTS  |                          |      | l       |                          |                   |       |
|           | 81     | Accountants Letter of Qualifications   | 1                        | EO   | N/A     | 6/1                      | Company           |       |
|           | 82     | Audited Financial Reports  | 1                        | EO   | XXX     | 6/1                      | Company           |       |
|           | 83     | Audited Financial Reports Exemption Affidavit  | 0                        | N/A  | N/A     |                          | Company           |       |
|           | 84     | Communication of Internal Control Related Matters  | 1                        |      |         |                          | 1 1               |       |
|           |        | Noted in Audit   |                          | EO   | N/A     | 8/1                      | Company           |       |
|           | 85     | Independent CPA (change)   | 1                        | N/A  | N/A     |                          | Company           |       |
|           | 86     | Management's Report of Internal Control Over<br>Financial Reporting                            | 1                        | N/A  | N/A     | 8/1                      | Company           |       |
|           | 87     | Notification of Adverse Financial Condition  | 1                        | N/A  | Note A  | <u> </u>                 | Company           | A     |
|           | 88     | Relief from the five-year rotation requirement for lead audit partner                          | 1                        | EO   | XXX     | 3/1                      | Company           |       |
|           | 89     | Relief from the one-year cooling off period for independent CPA                                | 1                        | EO   | xxx     | 3/1                      | Company           |       |
|           | 90     | Relief from the Requirements for Audit Committees  | 1                        | EO   | XXX     | 3/1                      | Company           |       |
|           | 91     | Request to File Consolidated Audited Annual Statements   | 1                        | N/A  | Note A  | 3/1                      | Company           | A     |
|           | 92     | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1                        | N/A  | Note J  |                          | Company           | J     |
|           |        | V. STATE REQUIRED FILINGS***   |                          |      |         |                          |                   |       |
|           | 101    | Corporate Governance Annual Disclosure***  | 1                        | 0    | XXX     | 6/1                      | Company           |       |
|           | 102    | Filings Checklist (with Column 1 completed)  | 0                        | 0    | 0       | 0/1                      | State             |       |
|           | 103    | Form B & C -Holding Company Registration Statement   | 1                        | 0    | Note N  | 6/1                      | Company           | N     |
|           | 104    | Form F-Enterprise Risk Report ****   | 1                        | 0    | Note N  | 6/1                      | Company           | N     |
|           | 105    | ORSA ****  | 1                        | 0    | XXX     | 10/1                     | Company           | 11    |
|           | 106    | Premium Tax  | Note D                   | 0    | Note D  | 10/1                     | State             | D     |
|           | 107    | State Filing Fees  | 1                        | 0    | 1       | 5/31                     | State             | C     |
|           | 108    | Signed Jurat   | XXX                      | 0    | EO      | 3/1, 5/15,<br>8/15,11/15 | NAIC              | 0     |
|           | 110    | Certificate of Compliance  | 0                        | 0    | ЕО      | 3/1                      | State             | О     |
|           | 111    | Certificate of Deposit   | 0                        | 0    | EO      | 3/1                      | State             | 0     |
|           |        | Information Security Program Certification Form  | 1                        | 0    |         | 2/15                     | State             | , ,   |

<sup>\*</sup>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).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>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: <a href="http://www.naic.org/public lead state report.htm">http://www.naic.org/public lead state report.htm</a>.

<sup>\*\*\*\*</sup>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: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

<sup>\*\*\*\*\*</sup>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: <a href="https://www.naic.org/public\_lead\_state\_report.htm">https://www.naic.org/public\_lead\_state\_report.htm</a>

|     | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)   |
|-----|---|
| A   | Required Filings Contact Person:  |
|     | Deves Whister   |
|     | Donna Whitley Financial & Market Regulation Division  |
|     | filings@mid.ms.gov  |
|     | 601-359-2127  |
| В   | Mailing Address   |
| l b | Mailing Address: Mississippi Insurance Department   |
|     | Attention: Financial & Market Regulation Division   |
|     | 501 N. West St., Ste. 1001  |
|     | Jackson, MS 39201   |
|     | Mississippi Insurance Department  |
|     | Attention: Financial & Market Regulation Division   |
|     | P O Box 79  |
|     | Jackson, MS 39205-0079  |
| С   | Mailing Address for Filing Fees:  |
|     | Filing Fees are due May 31st.   |
|     | The Department will email the invoice for the filing fees with  |
|     | the company's license renewal fee to the Company  |
|     | License/Fees Contact.   |
|     | The Department no longer accepts the payment of fees with the filings. (i.e. The Department will no longer accept the |
|     | \$50.00 filing fee with the submission of the quarterly   |
|     | financial statements or certificates)   |
|     | Preferred Payment of filing fees is electronically via Sircon's   |
|     | electronic payment portal (www.sircon.com/Mississippi)  |
|     | Any questions regarding the payment of filing fees should be  |
|     | addressed to filings@mid.ms.gov   |
| D   | Mailing Address for Premium Tax Payments:   |
|     |   |
|     | Mississippi Department of Revenue Attn: Derrick Barnes  |
|     | 1577 Springridge Rd   |
|     | Raymond, MS 39154   |
|     | Missississi Department of Bassasse  |
|     | Mississippi Department of Revenue Attn: Derrick Barnes  |
|     | P O Box 23075   |
|     | Jackson, MS 39225-3075  |
| Е   | Delivery Instructions:  |
|     | All filings must be received no later than the indicated due date. If the   |
|     | due date falls on a weekend or holiday, the due date is the next  |
|     | business day  |
| F   | Late Filings:   |
|     | Pursuant to Miss. Code Ann. § 83-5-69, company shall pay \$100 for  |
|     | each day's neglect, and upon notice by the commissioner to that effect,   |
|     | its authority to do new business shall cease while such default   |
|     | continues.  |

|     | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)  |
|-----|--|
| G   | Original Signatures:   |
|     | Original wet signatures are required on all filings from domestic  |
|     | companies. Foreign companies should follow the NAIC Annual   |
|     | Statement Instructions   |
| Н   | Signature/Notarization/Certification:  |
|     | The statement shall be sworn to by the president or vice president and   |
|     | secretary or treasurer or chief managing agent or officer of such  |
|     | company  |
| Ι   | Amended Filings:   |
|     | Amended items must be filed within 10 days of their amendment,   |
|     | along with explanation of the amendments. If there are signature   |
|     | requirements for the original filings, then same should be followed for any amendment.   |
|     | any amendment.   |
| J   | Exceptions from normal filings:  |
|     | Foreign companies shall submit a written request by electronic filing 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 Mississippi. You may submit the request to <u>filings@mid.ms.gov</u> .              |
|     | may such the request to <u>innigsteements.gov</u> .  |
|     | Domestic companies shall apply at least 10 days prior to the original  |
|     | due date via contact with your analyst.  |
| K   | Bar Codes (State or NAIC):   |
|     | NAIC Annual Statement Instructions should be followed.   |
| L   | Signed Jurat:  |
|     | The Department requires the filing of a signed Jurat for domestic and  |
|     | foreign companies  |
| M   | NONE Filings:  |
|     |  |
| N   | NAIC Annual Statement Instructions should be followed.  Filings new, discontinued or modified materially since last year:                  |
| 1,₩ | 1 miles new, discontinued of modified materially since last year.  |
|     | Foreign companies which do not have a Holding Company law similar  |
|     | to Mississippi are required to file pursuant to Miss. Code Ann. § 83-6-3.  |
| O   | Electronic Filings:  |
|     |  |
|     | Foreign insurers shall file an electronic copy with the Department via the Document Submission Portal on or before the statutory due date. |
|     | To access the Document Submission Portal, please click on the  |
|     | following link:  |
|     | http://www.mid.ms.gov/companies/filing-submission-portal.aspx  |
|     | Please note that no hard copy filings are required. Should there be any  |
|     | questions concerning use of the Portal, please contact   |

filings@mid.ms.gov.

# 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 the annual statement and all supplements. | XXX in this colum | n might signify that t | he state has waived t | he paper filing of |
|--|-------------------|------------------------|-----------------------|--------------------|
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|  |                   |                        |                       |                    |

#### 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.

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