Illinois Department of Insurance Health Entities Checklist

COMPANY NAME:	NAIC Company Code:				
Contact:		Telephone:			
PEOLIDED EILINGS IN THE STATE OF	II I INOIS	Filings Made During the Vear 2024			

(1)	(2)	(3)	NUMI	(4) BER OF C	OPIES*	(5)	(6) FORM	(6) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE	SOURCE**	NOTES
			State	NAIC	State	DATE		
		I. NAIC FINANCIAL STATEMENTS						•
	1	Annual Statement (8 ½"X14")	2	EO	XXX	3/1	NAIC	A-O, T,V,X, Z
	1.1	Printed Investment Schedule detail (Pages E01-					NAIC	
		E29)	2	EO	XXX	3/1		A-O, T,V, Z
	2	Quarterly Financial Statement (8 ½" x 14")				5/15, 8/15,	NAIC	
			1	EO		11/15		A, B, E-O, R,
		II. NAIC SUPPLEMENTS		1	ı	I	37.70	
	11	Accident & Health Policy Experience Exhibit	VVV	EO	XXX	4/1	NAIC	A,B,E,F,I,J,M N,O
	12	Actuarial Opinion	XXX	EO	XXX	4/1	Company	A,B,E,F,I,J,M
	12	Actuariai Opinion	2	ЕО	XXX	3/1	Company	Q,Z
	13	Life Supplemental Data due March 1		LO	XXX	5/1	NAIC	A,B,E,F,I,J,M
	15	zar suppremental zata and material	1	EO		3/1	11110	0
	14	Life Supplemental Data due April 1			XXX		NAIC	A,B,E,F,I,J,M
			1	EO		4/1		0
	15	Life Supp Statement non-guaranteed elements –			XXX		Company	A,B,E,F,I,J,M
		Exh 5, Int. #3	XXX	EO		3/1		N.O
	16	Life Supp Statement on par/non-par policies – Exh			XXX		Company	A,B,E,F,I,J,M
		5 Int. 1&2	XXX	EO		3/1		N,O
	17	Life, Health & Annuity Guaranty Association	XXX				NAIC	A,B,E,F,I,J,M
	4.0	Assessable Premium Exhibit, Parts 1 and 2		EO	XXX	4/1		N,O
	18	Long-Term Care Experience Reporting Forms		FO		4/1	NAIC	A,B,E,F,I,J,M
	19	Management Discussion & Analysis	XXX 1	EO	XXX	4/1 4/1	C	N,O
	20	Market Conduct Annual Statement Premium	1	EO	XXX	4/1	Company NAIC	A,B,E,F,I,Q,U
	20	Exhibit for Year			XXX		NAIC	
			XXX	EO		3/1		A,B,E F,I,Q
	21	Medicare Part D Coverage Supplement			XXX		NAIC	
				FO		3/1, 5/15,		A,B,E,F,I,J,M
	22	Medicare Supplement Insurance Experience Exhibit	XXX	EO		8/15, 11/15	NAIC	N,O A,B,E,F,I,J,M
	22	Medicare Supplement insurance Experience Exhibit	xxx	ЕО	xxx	3/1	NAIC	N,O
	23	Risk-Based Capital Report	АЛЛ	LO	ΛΛΛ	3/1	NAIC	A,B,E,F,I,M,C
	23	resk Bused Cupiui report					TUTIE	R,
			1	EO	XXX	3/1		T,Z
	24	Schedule SIS					NAIC	A,B,E,F,I,J,M
			1	N/A	N/A	3/1		О
	25	Supplemental Compensation Exhibit					NAIC	A,B,E,F,I,J,M
			2	N/A	N/A	3/1		O,R
	26	Supplemental Health Care Exhibit (Parts 1 and 2)					NAIC	A,B,E,F,I,J,M
			XXX	EO	XXX	4/1		О
	27	Supplemental Investment Risk Interrogatories		F-0		4.4	NAIC	A,B,E,F,I,J,M
			XXX	EO	XXX	4/1		N, O, AB
		HI ELECTRONIC EH INC						
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	ЕО	xxx	3/1	NAIC	О
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	0
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	0
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	0
	65	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	0
	66	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	0
	67	Quarterly Statement Electronic Filing				5/15, 8/15,	NAIC	0
			XXX	EO	xxx	11/15		
	68	Quarterly .PDF Filing				5/15, 8/15,	NAIC	О
			XXX	EO	XXX	11/15		
	69	June .PDF Filing	XXX	EO	xxx	6/1	NAIC	0

(1)	(2)	(3)		(4)		(5)	(6)	(6)
	. ,	. ,		BER OF C	COPIES*		FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE	SOURCE**	NOTES
			State	NAIC	State	DATE		
		IV. AUDIT/INTERNAL CONTROL					L	
		RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	ЕО	N/A	6/1	Company	Q
	82	Audited Financial Reports	1	EO		6/1	Company	Q
	83	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A		Company	Q
	84	Communication of Internal Control Related Matters					Company	
		Noted in Audit	1	EO	N/A	8/1		Q
	85	Independent CPA (change)	1	N/A	N/A		Company	Q
	86	Management's Report of Internal Control Over	,	NT/A	NT/A	0/1	Company	ADELLOW
	87	Financial Reporting Notification of Adverse Financial Condition	1	N/A	N/A	8/1	Company	A,B,E,F,J,Q,W
	87	Notification of Adverse Financial Condition				5th business	Company	
						day after		
						notice		
			1	N/A	N/A	received		A,B,E,F,J,Q,W
	88	Relief from the five-year rotation requirement for			N/A		Company	
		lead audit partner	1	EO		3/1		Q
	89	Relief from the one-year cooling off period for			N/A		Company	
	00	independent CPA	1	EO	27/4	3/1		Q
	90	Relief from the Requirements for Audit Committees	,	FO	N/A	2/1	Company	
	91	Request for Exemption to File Management's	1	EO		3/1	Соттоту	Q
	91	Report of Internal Control Over Financial					Company	
		Reporting	1	N/A	N/A	5/21		Q
	92	Request for Exemption to File Annual Audited	-	1,011	1,111	0,21	Company	1
	-	Financial Report	1	N/A	N/A	5/21		A,B,E,F,J,Q,W
		•				•	•	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A, B, E, J, Q
	102	Filings Checklist (with Column 1 completed)	1	0			State	P
	103	Form B-Holding Company Registration Statement					Company	Q
	100		1	0				
	103.	Annual Form C Filing	,	0	NT/A	5/1	Company	Q
	104	Form F-Enterprise Risk Report ****	1	0	N/A	5/1	Company	0
	104	ORSA ****	EO	0	N/A		Company	A, B, E, Q
	106	Privilege & Retaliatory Tax Statement	1	0	11/71		State	P
	106.	Privilege & Retaliatory Tax Quarterly Estimates	-				State	1
	1					4/15, 6/15,		
			1	0	N/A	9/15, 12/15		A,B,D,E,F,P
	107	State Filing Fees – Annual Statement Filing Fee				Upon	State	
				_		Receipt of		
	105		1	0	N/A	Invoice 2/1	a	A-C,E,F,P
	107.	State Filing Fees – Certificate of Authority				Upon	State	
	1	Renewal	0	0	1	Receipt of		ACEED
	107.	Financial Regulation Fee	0	0	1	invoice 2/1 Upon	1	A-C,E,F,P
	2	i manetai regulatioli Pec				Receipt of	State	
	1 -					invoice		
			1	0	1	6/30		A-C,E,F,P
	108	Signed Jurat	XXX	0			NAIC	L
<u> </u>	109	Group Capital Calculation]					
		(File with lead state only)	EO	0	0	5/1	ļ	A,B,E,J,O,S
	110	Illinois Business Page 30 IL, if not already filed						
		within annual Statement.	1	EO	NI/A	2/1		ADEIMOV
	111	Point of Service Form	1	EO	N/A	3/1	State	A,B,E,I,M,O,X
	111	1 Out of Service Politi				3/1,5/15,8/ 15	State	
			1	N/A	1	11/15		P, Y
	112	Provider Agreements						AA
	113	Section 126.20 Investment Supplement						A,B,E,F,P,Z,
<u> </u>	<u> </u>		1	N/A	N/A	3/1	<u> </u>	AB
	114	Section 131.20 Investment Supplement						A,B,E,F,P,Z,
			1	N/A	N/A	3/1		AB
	115	Section 141.3 Management Contract Supplement						A,B,E,F,P,Z,
	116	G is to SP in	1	N/A	N/A	3/1	-	AB
	116	Certificate of Deposit	0	N/A	1	3/1	1	A,B,E,F,G,N,P
<u> </u>	117	Certificate of Compliance	0	N/A	1	3/1		A,B,E,F,G,N,P

I	(1)	(2)	(3)		(4)		(5)	(6)	(6)
ı				NUME	BER OF C	OPIES*		FORM	APPLICABLE
ı	Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic	Foreign	DUE	SOURCE**	NOTES
				State	NAIC	State	DATE		
ſ		118	Group Capital Calculation (file with lead state only)					NAIC	
ı			*****	EO	N/A	N/A	5/1		A,B,E,J,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).

- ***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.
- ****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 <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
- ****** A Group Capital Calculation is required annually by holding company groups. The GCC 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

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

Covid 19 Pandemic Special Instructions:

Due to the Covid 19 Pandemic much of the Illinois Department of Insurance is working remotely and visits to the facilities are restricted to essential personnel only. Until further notice, fillings that are required to be mailed to the Department should also be submitted electronically to the company's state assigned financial analyst. If the company is not sure who their assigned analyst is, please contact Ben Berry@Ben.Berry@Illinois.gov.

Please refer to Company Bulletin CB 2020-06 found on the Illinois Department of Insurance website for further information.

	NOTES AND INSTRUCTIONS (A-K AP	PLY TO ALL FILINGS)					
A	Required Filings Contact Person:	Actuarial Opinions	Eric Anderson	Eric.Anderson@illinois.gov			
		Amended Filings	Cori Sampson	Cori.Sampson@illinois.gov			
		Audited Financial Statements	Cori Sampson	Cori.Sampson@illinois.gov			
		Corporate (POS Forms)	Amy Stuart	Amy.Stuart@illinois.gov			
		Corporate Governance & ORSA	Susan Berry	Susan.Berry@illinois.gov			
		Financial Regulation Fee	Tax Unit	DOI.TaxAudit@illinois.gov			
		Financial Statements	Cori Sampson	Cori.Sampson@illinois.gov			
		Holding Company Filings	Cori Sampson	Cori.Sampson@illinois.gov			
		Privilege & Retaliatory Tax/Invoices	Tax Unit	DOI.TaxAudit@illinois.gov			
		Risk-Based Capital	Cori Sampson	Cori.Sampson@illinois.gov			
		Certificate of Deposit & Compliance	Pearl Stanulis	Pearl.Stanulis@illinois.gov			
		Market Conduct	Erica Weyhenmeyer	Erica.Weyhenmeyer@Illinois.gov			
		Corporate Governance, ORSA, & Group Capital Calculation	Susan Berry	Susan.Berry@illinois.gov			
В	Mailing Address:	Illinois Department of Insurar L/A&H Financial Analysis U 320 West Washington Street, Springfield, IL 62767-0001	nit				
С	Mailing Address for Filing Fees:	Annual Statement Filing Fee Certificate of Authority Rene Mail To: Illinois Department of Insurat Tax Unit P.O. Box 7087 Springfield, IL 62791 From B Filing Fee (Send to n	wal Fee (foreign) \$4	100			
D	Mailing Address for Premium Tax Payments:	Illinois Department of Insurance Tax Unit P.O. Box 7087					
		Springfield, IL 62791					
Е	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. The official filing date is the U.S. Postal date stamp. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.					
F	Late Filings:	Annual Statement filings will or if Risk-Based Capital info	be considered incommation is not include	Oper day for a late or incomplete filing. mplete if only one statement is received led on page 29, lines 14 and 15. y Tax penalties per 215 ILCS 5/412.			
G	Original Signatures:	Original signatures are requir					
Н	Signature/Notarization/Certification:	The Annual Statement shall company or, in their absence,		s of the President and Secretary of the pal officers.			
Ι	Amended Filings:	that corrections of errors in adjustments to unassigned for	previously issued finds in the period appany to obtain ap	Practices and Procedures Manual states nancial statements shall be reported as an error is detected. In addition, this proval of the domiciliary regulator attements.			

		For domestic companies, if approval is given by the Illinois Department of Insurance to make an amendment, the amendment must be submitted simultaneously to the Illinois Department of Insurance, the NAIC, and all other states in which the company is licensed. The submission of an amendment must include an appropriately signed jurat page. Please note for domestic companies, a fine may result if there is an amendment submitted without prior approval
J	Exceptions from normal filings:	The request for an exemption or extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the Director to make an informed decision with respect to the request.
K	Bar Codes (State or NAIC):	Not applicable
L	Signed Jurat:	See NAIC Annual Statement Instructions. Electronic signatures are acceptable.
M	NONE Filings:	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.
N	Filings new, discontinued or modified materially since last year:	None
О	Form Source NAIC	The company must obtain the forms from the appropriate vendor.
P	Form Source STATE	The state will provide the forms with the filing instructions.
Q	Form Source 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 <i>Annual Statement Instructions</i> .
R	Required Filings of the Department	Quarterly financial statements and Risk-Based Capital Reports are required filings for all domestic companies.
		Supplemental Compensation Exhibit – Complete Part 1-3. In Part 3, make sure to include State of residency. If no compensation is paid, zeros should be used not blank spaces.
S	Annual Form C Filing	The Form C must contain text that describes each transaction that took place since the prior year Form B was filed. It is not sufficient to reference amendments that were previously filed with the Department. The Form F Filing is only required from those companies for which Illinois is the lead
		state. Please refer to 215 ILCS 5/131.14b and Company Bulletin 2015-04 for further information. The Group Capital Calculation Filing is only required from those companies for which Illinois is the lead state. Please refer to 215 ILCS 5/131.14b (b) and Company Bulletin
		2022-04 for further information.
T	Risk-Based Capital	If the amounts reported in the Annual statement have been calculated using modifications to the NAIC instructions, the annual statement must be accompanied by a cover letter stating what the Total Adjusted Capital and Authorized Control Level would be without those modifications. All Risk-Based Capital Reports must be bound or stapled (binder clips are unacceptable).
U	Management's Discussion and Analysis	If the Management's Discussion and Analysis is consolidated, a separate copy must be provided for each company along with a cover letter, which details any specific individual company information.
V	Annual Statement Filings	All Annual Statements must be BOUND on the side and DUPLEXED with appropriate covers or the filing will be deemed incomplete and the company will be fined accordingly for filing an incomplete and late annual statement.
W	CPA Audit Filings	All CPA audits are due on June 1. Any company whose domestic state due date is after June 1 must file an extension request no later than ten days prior to the June 1 due date. If the extension request is not received ten days prior to June 1st, the audit will be considered due on June 1st and, if late, the company will be fined accordingly.
X	Illinois Business Page	An Illinois Business Page (page 30 within the annual statement) must be filed with both the Department of Insurance and with the NAIC.
		For companies filing on the Health Blank that are licensed as Life, Accident and Health entities, the Illinois Direct Business page in Life, Accident and Health Blank (Blue) format must be completed for all indemnity business (see Supp31). Please refer to page 43 of the Health Blank, Question 12; this page must also be filed with the NAIC.
		For Life, Accident and Health entities with HMO and/or LHSO authority, a separate page 30, Exhibit of Premiums, Enrollment and Utilization must be completed, reporting Illinois

Y Point of Service This form is required to be filed by all companies licensed and State of Illinois for year-end and quarterly filings. Please submit The POS form on an Annual and Quarterly August 15, and November 15 each year, respectively) Corporate Section at amy.stuart@illinois.gov. If zero, f	basis (due March 1, May 15,
Applicable".	ile the form and state "Not
Z LAH & P&C Companies LAH and P&C companies that file on the Health Blank annual statement instructions for completing the RBC and	
AA All Companies Provider Agreements are to be filed in hard copy form wis Supervisor, Paul Ebelherr.	ith DOI, LAH Financial Unit
AB Supplements – Investment Catch All, Subsidiary and Management Contracts Pursuant to 215 ILCS: 5/126.10, 5/126.11, 5/126.20, and 5 HMO 215 ILCS 125/3-1 Also see: Annual Statement - Health Entities – Supplement If the supplement forms do not apply complete the form sta	ts

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 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 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 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.

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