

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2025

(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")		1	EO	xxx	3/1	NAIC	A-R,T-V,X,Y,Z
1.1	Printed Investment Schedule detail (E01-E29)		1	EO	xxx	3/1	NAIC	O
2	Quarterly Financial Statement (8 1/2" x 14")		1	EO	xxx	5/15,8/15, 11/15	NAIC	A,B,E-R
3	Protected Cell Annual Statement		N/A	0	N/A	3/1	NAIC	
4	Combined Annual Statement (8 1/2" x 14")		N/A	EO	N/A	5/1	NAIC	A,B,E,G,H,I,O
II. NAIC SUPPLEMENTS								
11	Accident & Health Policy Experience Exhibit		xxx	EO	xxx	4/1	NAIC	N,O
12	Actuarial Opinion		1	EO	xxx	3/1	Company	A,B,E,F,G,I,J,Q,Z
13	Actuarial Opinion Summary		EO	N/A	xxx	3/15	Company	A,F,G,I,J,Q,R
14	Bail Bond Supplement		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
15	Combined Insurance Expense Exhibit		N/A	EO	xxx	5/1	NAIC	A,B,F,I,M,O
16	Credit Insurance Experience Exhibit		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
17	Cybersecurity Insurance Coverage Supplement		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
18	Director and Officer Insurance Coverage Supplement		xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,F,I,M,N,O
19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
20	Financial Guaranty Insurance Exhibit		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
21	Insurance Expense Exhibit		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O,Y
22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1, and 2		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
23	Long Term Care Experience Reporting Forms		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
24	Management Discussion & Analysis		1	EO	xxx	4/1	Company	A,B,F,I,M,O,U
25	Market Conduct Annual Statement Premium Exhibit for Year		xxx	EO	xxx	3/1		A,B,F,I,M,N,O
26	Medicare Part D Coverage Supplement		xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,F,I,M,N,O
27	Medicare Supplement Insurance Exp. Exhibit		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
28	Mortgage Guaranty Insurance Exhibit		xxx	EO	xxx	4/1	NAIC	A,O
29	Premiums Attributed to Protected Cells Exh.		N/A	EO	N/A	3/1	NAIC	A,B,F,I,M,O
30	Private Flood Insurance Supplement		N/A	EO	N/A	4/1	NAIC	A,B,F,I,M,O
31	Reinsurance Attestation Supplement		xxx	EO	xxx	3/1	Company	A,B,F,I,M,N,Q
32	Exceptions to Reinsurance Attestation Supp.		xxx	N/A	xxx	3/1	Company	A,B,F,I,M,Q
33	Reinsurance Summary Supplemental		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
34	Risk-Based Capital Report		1	EO	xxx	3/1	NAIC	A,B,F,I,M,O,R
35	Schedule SIS		1	N/A	N/A	3/1	NAIC	A,B,F,I,M,O
36	Supplement A to Schedule T		xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,F,I,M,N,O
37	Supplemental Compensation Exhibit		1	N/A	N/A	3/1	NAIC	A,B,F,I,M,O,R
38	Supplemental Health Care Exhibit (Parts 1, and 2 and 3)		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
39	Supplemental Investment Risk Interrogatories		xxx	EO	xxx	4/1	NAIC	A,B,F,I,M,N,O
40	Supplemental Sched for Reinsurance Counterparty Reporting Exception –Asbestos and Pollution Contracts		xxx	EO	xxx	3/1	NAIC	A,B,F,I,M,N,O
41	Trusted Surplus Statement		xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,F,I,M,N,O
III. ELECTRONIC FILING REQUIREMENTS								
61	Annual Statement Electronic Filing		xxx	EO	xxx	3/1	NAIC	O
62	March .PDF Filing		xxx	EO	xxx	3/1	NAIC	O
63	Risk-Based Capital Electronic Filing		xxx	EO	N/A	3/1	NAIC	O
64	Risk-Based Capital .PDF Filing		xxx	EO	N/A	3/1	NAIC	O
65	Combined Annual Statement Electronic Filing		xxx	EO	xxx	5/1	NAIC	O
66	Combined Annual Statement .PDF Filing		xxx	EO	xxx	5/1	NAIC	O
67	Supplemental Electronic Filing		xxx	EO	xxx	4/1	NAIC	O
68	Supplemental .PDF Filing		xxx	EO	xxx	4/1	NAIC	O
69	Quarterly Statement Electronic Filing		xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	O

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Illinois **Filings Made During the Year 2025**

(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							
			State	NAIC						
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	O		
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	O		
		IV. AUDITED/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A,B,E,F,I,J,Q,W		
	82	Audited Financial Statements	1	EO	N/A	6/1	Company	A,B,E,F,I,J,Q,W, Z		
	83	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A,B,E,F,I,J,Q,W		
	84	Communication of Internal Control Related Matters Noted in Audit (Internal Control Letter)	1	EO	N/A	8/1	Company	A,B,E,F,I,J,Q,W		
	85	Independent CPA (appointment or change)	1	N/A	N/A	6/1	Company	A,B,E,F,I,J,Q,W		
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A,B,E,F,I,J,Q,W		
	87	Notification of Adverse Financial Condition	1	N/A	1	<5 bus days after notice rcvd	Company	A,B,E,F,I,J,Q,W		
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	12/1	Company	A,B,E,F,I,J,Q,W		
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A,B,E,F,I,J,Q,W		
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A,B,E,F,I,J,Q,W		
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	A,B,E,F,I,J,Q,W		
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/21	Company	A,B,E,F,I,J,Q,W		
		V. STATE REQUIRED FILINGS***								
	101	Certificate of Compliance	N/A	0	EO	3/1	Company	A,E,I,N,P,Z		
	102	Certificate of Deposit	N/A	0	EO	3/1	Company	A,E,I,N,P,Z		
	103	Corporate Governance Annual Disclosure ***	EO	0	0	6/1	Company	A,E,G,J,Q		
	104	Filings Checklist (with Column 1 completed)	N/A	0	N/A	3/1	State	P		
	105	Annual Form B- Holding Company Registration Statement	1	0	N/A	5/1	Company	A,B,C,E,F,G,I,J,Q		
	106	Annual Form C Filing	1	0	N/A	5/1	Company	A,B,C,E,F,G,I,J,O, ,Q		
	107	Annual Form F – Enterprise Risk Report ****	1	0	N/A	5/1	Company	A,B,C,E,F,G,I,J,N, ,O,Q		
	108	ORSA *****	EO	0	0		Company	A,E,G,Q		
	109	Fire Marshal Tax Return	1	0	1	3/31	Company	A,D,P		
	110	Privilege and Retaliatory Tax	1	0	1	3/15	Company	A,D,Z		
	111	Privilege and Retaliatory Tax-Quarterly Estimate	1	0	1	4/15, 6/15, 9/15, 12/15	Company	A,D,Z		
	112	Annual Statement Filing Fee	1	0	0	Upon Receipt of Invoice	Company	A,C		
	113	Certificate of Authority Renewal Fee	0	0	1	Upon Receipt of Invoice	Company	A,C		
	114	Financial Regulation Fee	1	0	1	Upon Receipt of Invoice	Company	A,C		
	115	Cost Containment Fee	1	0	1	Upon Receipt of Invoice	Company	A,C		
	116	Form 141.3 Management Contracts Supplement	1	0	N/A	3/1	State	A,B,E,I,L,P		
	117	Schedule A – Leased Securities	N/A	0	N/A			A,L,N		
	118	Section 131.2 Investment Supplement	1	0	N/A	3/1	State	A,B,E,I,L,P		
	119	Section 126.32 Investment Supplement	1	0	N/A	3/1	State	A,B,E,I,L,P		
	120	Reserve Requirement Reconciliation	1	0	N/A	3/1	State	A,B,E,I,L,P		
	121	Mortgage Guaranty Insurance Supplement	1	0	1	3/31	State	A,B,E,I,L,P,R		
	122	Illinois Business Page	1	0	XXX	3/1	NAIC	A-R,T-V,X,Y		
	123	Group Capital Calculation (File with lead state only)*****	EO	0	0	5/1	NAIC	A,E,G,J,O,S		

PROPERTY & CASUALTY INSURERS**COMPANY NAME:** _____ **NAIC Company Code:** _____**Contact:** _____ **Telephone:** _____**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2025**

*If XXX appears in this column, this state does not require this filing if the data is filed electronically with the NAIC. EO = (electronic only filing).

**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 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.

****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 not 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

***** A Group Capital Calculation is required annually by holding company groups. The GCC 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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

**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 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 ***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.

PROPERTY & CASUALTY INSURERS**COMPANY NAME:** _____ **NAIC Company Code:** _____**Contact:** _____ **Telephone:** _____**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2025**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 (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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PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2025**Note A - Required Filings Contact Persons**

Accredited Reinsurers	Patty McClain	Patty.J.McClain@illinois.gov
Actuarial Opinions/Summaries	Jennifer Niles	DOI.PCActExam@illinois.gov
Amended Filings	Junjie Pan	Junjie.Pan@illinois.gov
Audited Financial Statements	Junjie Pan	Junjie.Pan@illinois.gov
Corporate Governance, ORSA &		
Group Capital Calculation	Susan Berry	Susan.Berry@illinois.gov
Financial Regulation Fee	Tax Unit	DOI.TaxAudit@illinois.gov
Financial Statements	Junjie Pan	Junjie.Pan@illinois.gov
Holding Company Filings	Jessica Sheerin	Jessica.Sheerin@illinois.gov
Mortgage Guaranty Filings	Junjie Pan	Junjie.Pan@illinois.gov
Privilege & Retaliatory Tax/Invoices	Tax Unit	DOI.TaxAudit@illinois.gov
Risk-Based Capital	Junjie Pan	Junjie.Pan@illinois.gov

Note B - Mailing Address

Illinois Department of Insurance
P/C Financial Analysis Unit
320 West Washington Street
Springfield, IL 62767-0001

Note C – Mailing Address for Filing Fees

Annual Statement Filing Fee (domestics only) \$200
Certificate of Authority Renewal Fee (foreign, alien) \$400

Illinois Department of Insurance
Tax Unit
P.O. Box 7087
Springfield, IL
62791

Form B Filing
Fee \$200
Mail to Address listed in Note B

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Illinois **Filings Made During the Year 2025**

Note D - Mailing Address for Privilege & Retaliatory Tax Payments and Fire Marshal Tax Return

Illinois Department of Insurance
Tax Unit
P.O. Box 7087
Springfield, IL 62791

Note E - 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.

Certificates of Compliance and Deposit should be e-mailed only to the attention of Marcy Savage at Marcy.Savage@Illinois.gov (see Note N).

For Electronic Only (EO) filings, the official filing date is the date submitted to the state via email or another electronic platform.

Note F - Late Filings

Companies will be fined a penalty of up to \$1,000 per day for a late or incomplete filing. Annual Statement filings may be considered incomplete if only one statement is received or if Risk-Based Capital information is not included on page 17, lines 28 and 29 (yellow blank) or page 29, lines 14 and 15 (orange blank).

Companies are subject to Privilege and Retaliatory Tax penalties per 215 ILCS 5/412.

Note G - Original Signatures

Original signatures are required on all filings from domestic companies. Electronic signatures are allowed for the Actuarial Opinion, Actuarial Opinion Summary filings, Corporate Governance Annual Disclosure, Own Risk and Solvency Assessment filings, and Group Capital Calculation filings. Actuarial Opinions filed electronically with the NAIC must be signed.

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2025**Note H - Signature/Notarization/Certification**

The Annual Statement shall be verified by oaths of the President and Secretary of the company or, in their absence, by two other principal officers. The Annual Statement of an alien company shall be verified by oaths of its residential manager or principal representative in this state.

Note I - Amended Filings

SSAP 3, paragraph 10 of the NAIC Accounting Practices and Procedures Manual states that corrections of errors in previously issued financial statements shall be reported as adjustments to unassigned funds in the period an error is detected. In addition, **this paragraph directs the company to obtain approval of the domiciliary regulator before filing an amendment to the financial statements.**

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.

Note 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.

The request for an exemption from filing a Statement of Actuarial Opinion must be submitted in accordance with NAIC P/C Annual Statement Instructions. If granted an exemption from filing a Statement of Actuarial Opinion, then the exemption also applies to the Actuarial Opinion Summary.

Note K - Bar Codes (State or NAIC)

Not applicable

Note L - Jurat Page

See NAIC's Annual Statement Instructions. Electronic Signatures are acceptable.

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Illinois **Filings Made During the Year 2025**

Note M - NONE Filings

See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.

Note N - Filings new, discontinued or modified materially since last year

New

Mortgage Guaranty Insurance Exhibit (NAIC)

Discontinued

None

Modified

Certificates of Compliance and Deposit should be e-mailed to Marcy Savage at Marcy.Savage@Illinois.gov. Paper copies are no longer required.

Note O - Form Source NAIC

The company must obtain the forms from the appropriate vendor.

Note P - Form Source STATE

The state will provide the forms with the filing instructions. The Fire Marshal Tax Return can be found at: <http://insurance.illinois.gov/Company/CompanyMain.html>

After clicking the link, select Tax Forms, then Fire Marshal Tax Return

Note 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 *Annual Statement Instructions*.

Note R - Required filings of the Department.

Quarterly financial statements and Risk-Based Capital Reports are required filings for all domestic companies. Certified Reports of Examination are only required to be filed by foreign companies when the most recent exam was not previously filed with the Department of Insurance. The reports must have the original certification from the domestic state. The Mortgage Guaranty Supplement is only required to be submitted by companies that write mortgage guaranty premium only.

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Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2025

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.

Actuarial Opinion Summary – Submit electronically to
DOI.PCActExam@illinois.gov.

Note S - Annual Form C and Form F Filings

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 of Insurance.

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 (a) 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.

Note 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).

Note U - Management Discussion and Analysis

If the Management Discussion and Analysis is consolidated, a separate copy must be provided for each company along with a cover letter that details any specific individual company information.

Note 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. Foreign companies, other than aliens, are no longer required to file a hard copy of the annual statement.

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2025**Note W - CPA Audit Filings**

All Domestic CPA audits are due on June 1. Foreign CPA audits are no longer required by the Illinois Department of Insurance.

Permission to file a consolidated audited statement is granted on a permanent basis. Future requests are not necessary unless the companies in the consolidation change.

Note X - Illinois Business Page

Two copies of the Exhibit of (IL) Premiums and Losses, page 19 of the Annual Statement must be filed with the Department for all Illinois domiciled companies.

Those companies that file on the Health Blank (Orange) must complete the Exhibit of (IL) Premiums and Losses page in the format of the Property and Casualty Blank (yellow) for all the indemnity business to be submitted with the annual statement.

Note Y - Insurance Expense Exhibit

Companies writing Workers' Compensation and/or Employers' liability should also forward one copy of the Insurance Expense Exhibit to the National Council on Compensation Insurance at 901 Peninsula Corporate Circle, Boca Raton, FL 33487.

Note Z - Foreign and Alien Accredited Reinsurers

Foreign Accredited Reinsurers must file a hard copy of the annual statement and audited financial report. The following supplements are not required:

Statement of Actuarial Opinion

Certificate of Compliance

Certificate of Deposit

Privilege and Retaliatory Tax

Privilege and Retaliatory Tax-Quarterly Estimate

Alien Accredited Reinsurers should file the following documents:

Item	Due Date	Law or Rule reference
Trustee's statement & list of securities	February 28	215 ILCS 5/173.1(1)(C)(2)(c)
NAIC annual statement	March 1	215 ILCS 5/173.1(1)(C)(1)
Statement of Actuarial Opinion	March 1	215 ILCS 5/136(4)
Annual audited financial statement	June 1	215 ILCS 5/173.1(1)(B)(4)
Quarterly NAIC financial statement	May, August, and Nov 15	215 ILCS 5/173.1(1)(C)(1)
Quarterly list of IL companies reinsured	May, August, and Nov 15	50 Ill. Adm. Code 1104

Form 141.3 Management Contracts Supplement

Name of Company: _____

Pursuant to Section 141.3 of the Illinois Insurance Code, list below salaries, commissions, or any valuable consideration paid to each officer and each director of any management company or to any shareholder who owns, directly or indirectly, 10% of the shares of either the managed insurance company or the management company.

Title of Payee	Name of Payee	By Whom Paid (Management Company or Insurance Company)	Amount	Date Paid	By Whom Authorized

Illinois Supplement

**Domestic
Investment Supplement
(215 ILCS 5/131.2)
Section 131.2
(Subsidiaries)**

Due Date: March 1, 2024

Company Name: _____

Please enter investment amounts admitted under Section 131.2 of the Illinois Insurance Code.

For investments which exceed current “per issuer” limitations but were within the limitation at the date of purchase, please list the following information:

Illinois Supplement

**Domestic
Investment Supplement
(215 ILCS 5/126.32)
Section 126.32
(Catch-all)**

Due Date: March 1, 2024

Company Name: _____

Please enter investment amounts admitted under Section 126.32 of the Illinois Insurance Code.

For investments which exceed current “per issuer” limitations but were within the limitation at the date of purchase, please list the following information:

**DOMESTIC
RESERVE REQUIREMENT RECONCILIATION
(215 ILCS 5/126.22)**

COMPANY NAME: _____

RESERVE REQUIREMENT RECONCILIATION DUE MARCH 1, 2024

Adjusted Loss Reserves and Loss Adjustment Expense Reserves:

a. Losses	_____
b. Reins. Pay. on Pd Loss & LAE	_____
c. Loss Adjustment Expenses	_____
Total Reported on Annual Statement (Pg. 3, Lines 1,2, and 3)	(1) _____

Add Back:

d. Tabular Discount Included in Line (1)	_____
e. Discount for Time Value of Money Included in Line (1)	_____
Total of d and e	(2) _____

Subtract IRS Discounting (Refer to Section 126.22 (A)(2)(b)) (3) _____

(Optional. Companies may choose not to calculate IRS discount.)

Discounted Loss Reserves (Line 1+2-3) (4) _____

f. Accrued Retrospective Premiums Reported on Annual Statement
(Pg. 2, Line 15.3) less portion of ceded balances payable
(Pg. 3, Line 12) attributable to retrospective premiums
(5) _____

g. Discount Factor (Calculated by dividing Line 4 by Line 1) (6) _____

**Discounted Accrued Retrospective Premiums
(Line 5 multiplied by Line 6) (7) _____**

Adjusted Loss Reserves and Loss Adjustment Expense Reserves

Calculated by subtracting Line 7 from Line 4 A. _____

COMPANY NAME: _____

Adjusted Unearned Premium Reserves

Total Unearned Premiums Reported on Annual Statement (Pg. 3, Line 9) (8) _____

Subtract:

h. Uncollected premiums and agents' balances in the course of collection, accident and health premiums due and unpaid, and uncollected premiums for accident and health premiums. (Pg. 2, Line 15.1, C3) _____

i. Deferred premiums, agents' balances and installments booked but deferred and not yet due. (Pg. 2, Line 15.2 C3) _____

j. Bills Receivable taken for Premium _____

k. Equities and Deposits in Pools and Associations _____

Total of h through k (9) _____

Adjusted Unearned Premium Reserves

Calculated by taking Line 8 – Line 9 **B.** _____

If adjusted unearned premium is a negative figure, insert 0 on Line B.

Total Statutorily Required Policy and Contingency Reserves

also includes contingency reserves required for mortgage guaranty insurers, municipal bond insurers, and other financial guaranty insurers. **C.** _____

RESERVE REQUIREMENT

Calculated by adding A+B+C. If the result is greater than \$250 million, the reserve requirement is \$250 million. _____

SUMMARY OF QUALIFYING INVESTMENTS

Cash and Cash Equivalents (215 ILCS 5/126.2(K)) _____

High and Medium Grade Investments that qualify
under Sections 126.24 and 126.25
(215 ILCS 5/126.24 and 126.25) _____

Equity Investments that qualify under Section
126.26 (215 ILCS 5/126.26) _____

Investments of the type set forth in Section 126.30
(215 ILCS 5/126.30). _____

Investments in the above categories but which are
acquired under Section 126.32 (215 ILCS 5/126.32) _____

Interest and Dividends Receivable on qualifying investments
listed on lines above _____

Reinsurance Recoverable on Paid Losses _____

Total Qualifying Investments are calculated by totaling the
amounts above _____

QUALIFYING INVESTMENTS

This amount must equal or exceed the reserve requirement. _____

If the qualifying assets exceed \$250 million, no further calculations are required.

Company Name	_____
Contact Person	_____
Phone Number	_____
Calculations made as of	_____

Company: _____

ILLINOIS ADMINISTRATIVE CODE
(50 ILL. ADM. CODE 202.30)
MORTGAGE GUARANTY INSURANCE
ANNUAL SUPPLEMENTAL REPORT OF COMPLIANCE
December 31, 2023

Insurance in Force limitation (\$ millions):

Direct Insurance in force	\$ _____ -
Assumed Insurance in force	\$ _____ -
Ceded Insurance in force	\$ _____ -
Net Insurance in force	\$ _____ -

Section 202.30(b)(2): Loans which amortize negatively to in excess of 95% of the initial fair market value shall not exceed 20% of net insurance in force

Total of loans so described	_____ -
<u>Percent of net insurance in force</u>	_____ -

Section 202.30(b)(4): Loans originating from any one lender shall not exceed 10% of net insurance in force

Insurance in force on loans originating from largest single lender	_____ -
<u>Percent of net insurance in force</u>	_____ -

Section 202.30(b)(5): Loans on commercial properties shall not exceed 20% of direct plus assumed insurance in force when company also writes residential properties

Gross insurance in force:	_____ -
Residential Properties	_____ -
Commercial Properties	_____ -
<u>Percent of loans, if any, on commercial properties to gross insurance in force</u>	_____ -

Section 202.30(b)(6): Reinsurance assumed shall not exceed 20% of total gross insurance in force

Assumed Reinsurance _____

Percent of gross insurance in force _____

Please explain fully any areas of non-compliance with or variations from any provision contained in Part 202.30 of the Illinois Insurance Regulations.

Schedule II

ILLINOIS ADMINISTRATIVE CODE
(50 ILL. ADM. CODE 202)
MORTGAGE GUARANTY INSURANCE
UM POLICYHOLDERS RESERVE, MINIMUM
ENT YEAR ADDITION TO CONTINGENCY
YEAR ENDED December 31, 2023

<u>Cc</u>	(\$000)
<u>Minimum Required Policyholders Reserve</u>	
Primary Residential and Commercial Loan	
Insurance (Schedule IIa)	\$ -
Mortgage Pool Insurance (Schedule IIb)	-
Negatively Amortizing Instruments (Schedule IIc)	-
Leasehold Obligations (Schedule IId)	-
Total	\$ -

Minimum Annual Contribution to Contingency Reserve

Greater of:

A. 50% of Earned Premium, or \$ -

B. The sum of (from Policyholders Reserve Schedules)

1. Reserves from IIa

Residential (1-4 Families)	\$	-	/ 7 = \$	-
Residential (5+ Families)		-	/ 4 =	-
Commercial		-	/ 3 =	-
Iia (Total)		-		
2. Reserves from IIb	\$	-	/ 7 =	-
3. Reserves from IIc	\$	-	/ 7 =	-
4. Reserves from IId	\$	-	/ 10 =	-

Statutory Contingency Reserve -- Current Year Addition

Itemized addition by the following:

1. Minimum Current Year - Addition	\$ _____ -
2. Ten Year Drawdown - Deduction	_____ -
3. Current Year Excess Losses - Deduction	_____ -
4. Any other adjustments - (Explain)	_____ -
Total	_____ -

Explanation:

Statutory Contingency Reserve

Does the statutory contingency reserve as shown on page 3 of your Annual Statement, as well as contributions and releases, extraordinary or otherwise, comply with this Code Section? Yes or No _____. If no, please explain

Company _____

Policyholders Reserve Required
Mortgage Pool Insurance
Sections 202.30(b)(7)(B)

Col	(1) Section 202.30(b)(B)(i)	(2) Section 202.30(b)(B)(i)	(3) Section 202.30(b)(B)(i)	(4) Section 202.30(b)(B)(ii)	(5) Section 202.30(b)(B)(ii)	(6) Section 202.30(b)(B)(ii)	(7) Section 202.30(b)(B)(iii)	(8) Section 202.30(b)(B)(iii)	(9) Section 202.30(b)(B)(iii)
	Indebtedness 75% of Value or Greater			Indebtedness 50% to 75% of Value			Indebtedness less than 50% of Value		
	\$\$MM In Force	\$K Reserve Per \$MM	Reserve In \$K	\$\$MM In Force	\$K Reserve Per \$MM	Reserve In \$K	\$\$MM In Force	\$K Reserve Per \$MM	Reserve In \$K
##		\$6.0			\$3.0			\$1.5	
##		10.0			5.0			2.5	
##		12.0			6.0			3.0	
##		13.0			6.5			3.3	
##		14.0			7.0			3.5	
##		15.0			7.5			3.7	
##		15.5			7.8			3.9	
##		16.0			8.0			4.0	
##		16.5			8.2			4.1	
##		17.0			8.5			4.3	
##		17.5			8.7			4.4	
##		18.0			9.0			4.5	
##		18.5			9.2			4.6	
##		19.0			9.5			4.8	
##		20.0			10.0			5.0	
		-			-			-	
		-			-			-	
		-			-			-	
Sum of Columns (3) + (6) + (9), in \$ K									

Note: In force is face amount of mortgages less insurance ceded plus insurance assumed.