

**Illinois Department of Insurance  
Health Entities Checklist**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2023

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC			
<b>I. NAIC FINANCIAL STATEMENTS</b>							
	1	Annual Statement (8 ½"X14")	2	EO	xxx	3/1	A-O, T,V,X, Z
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	A-O, T,V, Z
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO		5/15, 8/15, 11/15	A, B, E-O, R, Z
<b>II. NAIC SUPPLEMENTS</b>							
	11	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N, O
	12	Actuarial Opinion	2	EO	xxx	3/1	A,B,E,F,I,J,M,Q, Z
	13	Life Supplemental Data due March 1	1	EO	xxx	3/1	A,B,E,F,I,J,M,O
	14	Life Supplemental Data due April 1	1	EO	xxx	4/1	A,B,E,F,I,J,M,O
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N, O
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N, O
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N, O
	18	Long-Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N, O
	19	Management Discussion & Analysis	1	EO	xxx	4/1	A,B,E,F,I,Q,U
	20	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,M,N, O
	21	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N, O
	22	Risk-Based Capital Report	1	EO	xxx	3/1	A,B,E,F,I,M,O,R, T,Z
	23	Schedule SIS	1	N/A	N/A	3/1	A,B,E,F,I,J,M,O
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	A,B,E,F,I,J,M,O, R
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO	xxx	4/1	A,B,E,F,I,J,M-O
	26	Supplemental Health Care Exhibit's Allocation Report	xxx	EO	xxx	4/1	A,B,E,F,I,J,M-O
	27	Supplemental Investment Risk Interrogatories	xxx	EO	xxx	4/1	A,B,E,F,I,J,M, N, O, AB
<b>III. ELECTRONIC FILING REQUIREMENTS</b>							
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	O
	62	March .PDF Filing	xxx	EO	xxx	3/1	O
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	O
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	O
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	O
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	O
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	O
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	O
	69	June .PDF Filing	xxx	EO	xxx	6/1	O

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

**\*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.**

**\*\*\*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](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](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](http://www.naic.org/public_lead_state_report.htm)**

**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, filings 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](mailto: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 APPLY 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	Patty McClain Patty.J.McClain@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 Cathy.Suhling@illinois.gov
		Financial Statements	Patty McClain Patty.J.McClain@illinois.gov
		Holding Company Filings	Cori Sampson Cori.Sampson@illinois.gov
		Privilege & Retaliatory Tax	Tax Unit Cathy.Suhling@illinois.gov
		Risk-Based Capital	Patty McClain Patty.J.McClain@illinois.gov
B	Mailing Address:	Illinois Department of Insurance L/A&H Financial Analysis Unit 320 West Washington Street, Fourth Floor Springfield, IL 62767-0001	
C	Mailing Address for Filing Fees:	Annual Statement Filing Fee (domestic only) \$200 Certificate of Authority Renewal Fee (foreign) \$400  Mail To: Illinois Department of Insurance Tax Unit P.O. Box 7087 Springfield, IL 62791  From B Filing Fee (Send to mailing address in Note B above) \$200	
D	Mailing Address for Premium Tax Payments:	Illinois Department of Insurance Tax Unit P.O. Box 7087 Springfield, IL 62791	
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.	
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 will be considered incomplete if only one statement is received or if Risk-Based Capital information is not included on page 29, lines 14 and 15. Companies are subject to Privilege and Retaliatory Tax penalties per 215 ILCS 5/412.	
G	Original Signatures:	Original signatures are required on all filings from domestic companies.	
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.	
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, <b>this paragraph directs the company to obtain approval of the domiciliary regulator before filing an amendment to the financial statements.</b>  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.
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
O	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.
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. <b>All Risk-Based Capital Reports must be bound or stapled (binder clips are unacceptable).</b>
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 only numbers for each line of HMO and/or LHSO business written and submitted with the annual statement.
Y	Point of Service		This form is required to be filed by all companies licensed as HMO’s and LHSO’s in the State of Illinois for year-end and quarterly filings. Please submit The POS form on an Annual and Quarterly basis (due March 1, May 15, August 15, and November 15 each year, respectively) via E-mail to Amy Stuart, Corporate Section at amy.stuart@illinois.gov. If zero, file the form and state “Not Applicable”.

	Z	LAH & P&C Companies	LAH and P&C companies that file on the Health Blank should use the Health blank annual statement instructions for completing the RBC and Actuarial Opinion.
	AA	All Companies	Provider Agreements are to be filed in hard copy form with DOI, LAH Financial Unit Supervisor, Paul Ebelherr.
	AB	Supplements – Investment Catch All, Subsidiary and Management Contracts	Pursuant to 215 ILCS: 5/126.10, 5/126.11, 5/126.20, and 5/ 131.20, 5/131.2, 5/141.3 & HMO 215 ILCS 125/3-1  Also see: Annual Statement - Health Entities – Supplements If the supplement forms do not apply complete the form stating “None”.

**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) 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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