

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: ALASKA Filings Made During the Year 2024

(1) Checklist	(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	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	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	Domestics Only
	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 Coverage Supplement	1	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses		EO		3/1	NAIC	
	20	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	21	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	1	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	25	Market Conduct Annual Statement Premium Exhibit for Year		EO		3/1		
	26	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	28	Mortgage Guaranty Insurance Exhibit	1	EO	xxx	4/1	NAIC	
	29	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	30	Private Flood Insurance Supplement	1	EO	xxx	4/1	NAIC	
	31	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	32	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	33	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	34	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	35	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	36	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	37	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	38	Supplemental Health Care Exhibit (Parts 1 and 2)	1	EO	xxx	4/1	NAIC	
	39	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	1	EO	xxx	3/1	NAIC	
	41	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	Only required for U.S. branches of alien insurers
III. ELECTRONIC FILING REQUIREMENTS								
	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	

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			Domestic		Foreign			
			State	NAIC	State			
	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	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	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	1	N/A	N/A	6/1	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	Within 60 days of admittance/change	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A	5 business days	Company	
	88	Relief from the five-year rotation requirement for lead audit partner (Domestic must request by 12/1) (Foreign – requests made of Domestic state only)	1	N/A	EO (Grants of Relief only)	12/1 (Domestic Request) 3/1 (Grants of Relief- Domestic & Foreign)	Company	Any grant of relief must be filed with Annual Statement.
	89	Relief from the one-year cooling off period for independent CPA (Domestic only – request approval of Director)	1	EO	EO (Grants of Relief only)	3/1	Company	Any grant of relief must be filed with Annual Statement.
	90	Relief from the Requirements for Audit Committees	1	EO	EO	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/31	Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	12/31	Company	
	93	Independent CPA Awareness Letter (newly retained)	1	N/A	N/A	Within 60 days of admittance/change	Company	Company obtains letter from CPA and files with DOI
	94	Notice of Resignation/Dismissal of Prior Independent CPA	1	N/A	N/A	Within 5 business days of dismissal or resignation	Company	
	95	Prior CPA Disagreement Letter (if Resignation or Dismissal)	1	N/A	N/A	Within 10 business days of DOI notice	Company	Explanation letter by Company
	96	Prior CPA Letter to Company (Whether CPA agrees or disagrees with Disagreement Letter Written by Company.)	1	N/A	N/A	Within 10 business days of DOI notice	Prior CPA Provides to Company	Prior CPA letter to Company & Company letter to DOI filed together.
		V. STATE REQUIRED FILINGS***						
	101	Annual Premium Tax Payment		0		3/1	State	Note D
	102	Annual Premium Tax Report	1	0	1	3/1	State	Notes B & O
	103	Certificate of Compliance	xxx	0	1	3/1 or when available	Domestic State	File with OPT _{ins} with tax filing
	104	Certificate of Deposit	xxx	0	1	3/1 or when available	Domestic State	File with OPT _{ins} with tax filing
	105	Combined Annual Statement with domestic in a group	1	0	xxx	3/1	Company	Group including Domestic Co. Only
	106	Corporate Governance Annual Disclosure***	1	0	xxx	6/1	Company	Domestics Only
	107	Designation of Persons to Contact	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED
	108	Designation of Person to Receive Service of Process	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED
	109	Form B & C - Holding Company Registration Statement	1	0	N/A	5/1	Company	Domestics Only

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			State	NAIC	State			
	110	Form F-Enterprise Risk Report ****	1	0	xxx	5/1	Company	Domestics Only, Note Q
	111	Market Conduct Annual Statement	xxx	EO	xxx	4/30	NAIC	See naic.org/mcas_main.htm for eligibility
	112	Minimum Asset Reserve Report	1	0	xxx	3/1	State	Domestics Only
	113	ORSA *****	1	0	xxx	12/31	Company	Domestics Only
	114	Quarterly Estimated Premium Tax Payments		0		5/31, 8/31, 11/30	State	Note P
	115	Quarterly Premium Tax Reports	1	0	1	5/31, 8/31, 11/30	State	Note P
	116	Signed Jurat	1	0	xxx	none	NAIC	Note L
	117	State Filing Fees Payments		0		3/1	State	Note C

*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.

**** The ultimate controlling person of an insurer is required to file an enterprise risk report (Form F) annually per AS 21.22.060(n). Domestic companies that are part of a Holding Company System, need to file 1 copy with the lead state. 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

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	IF HARD COPY NOT REQUIRED, PLEASE DO NOT SEND TO ALASKA. DOCUMENTS SUBMITTED TO ALASKA WHICH ARE NOT REQUIRED TO BE FILED (NOT ON OUR LIST) WILL BE DESTROYED WITHOUT REVIEW
A	Required Filings Contact Person:	Rebecca Nesheim, Tax Auditor (907) 465-2584 rebecca.nesheim@alaska.gov
B	Mailing Address:	<p>Domestic Company Financial Filings: Chief Financial Examiner and other required Reports (does not Alaska Division of Insurance include Annual Premium Tax Report) 550 West 7th Avenue, Suite 1560 Anchorage, AK 99501-3567</p> <p>Annual Premium Tax Report and Required: OPTins Certificates:</p> <p>Non-domestic Financial Filings: NAIC (unless otherwise noted) Via Electronic media Please contact NAIC for address and format of filing</p>
C	Mailing Address for Filing Fees:	Required to pay via OPTins through the NAIC. The Annual Premium Tax Report includes the \$100 Annual Statement Filing Fee and \$2,250 Certificate of Authority Continuation Fee. Fees must be paid by the Automated Clearing House (ACH) payment method.
D	Mailing Address for Premium Tax Payments:	Required to pay via OPTins through the NAIC. Taxes must be paid by the Automated Clearing House (ACH) payment method. OPTins requires payment to be received before being released to the state.
E	Delivery Instructions:	All filings must be submitted no later than indicated due date. If due date falls on a weekend or holiday, then the deadline is extended to the next business day. Required is to file annual premium tax report, attachments and certificates via OPTins through the NAIC
F	Late Filings:	<p>Late Annual Statement Filings Penalty: \$100.00 for each day the insurer fails to file in the form required and within the time established to the director's designee. The director's designee is as given in the checklist and these instructions.</p> <p>Late Tax Payment Penalty: \$50 per month plus five percent of the tax due per month or part of a month up to a maximum of \$250 plus 25 percent of the tax due and interest of one percent per month or part of a month. If not paid by the Automated Clearing House payment method, a penalty of 25 percent of the tax due, with a minimum of \$100 and maximum of \$2,000.</p>
G	Original Signatures:	Original signatures required on all filings for domestic insurers. Facsimile accepted for foreign insurers
H	Signature/Notarization/Certification :	Follow NAIC requirements
I	Amended Filings:	Amended filings must be filed within 30 days of completion along with an explanation of the amendment and submitted in the same format to the same address as the original filing.
J	Exceptions from normal filings:	Letter to Chief Financial Examiner, Alaska Division of Insurance, 550 W. 7 th Avenue, Suite 1560, Anchorage, AK 99501-3567
K	Bar Codes (State or NAIC):	None
L	Signed Jurat:	Domestic companies only-signed Jurat page included in bound domestic hard-copy filed.
M	NONE Filings:	To be completed as required by NAIC Financial Statement Instructions
N	Filings new, discontinued or modified materially since last year:	OPTins requires payment to be received before filing and payment will be released to the state. Filed date will be based upon when submitted to OPTins .
O	Reminder: State Page & Schedule T	One copy of each to be filed with Annual Premium Tax Report
P	Quarterly Tax Reports & Estimated Tax Payments	If the 2023 tax was \$10,000 or more, the insurer is required to make estimated quarterly tax payments throughout 2024, required via OPTins . See Note F for late payments.
Q	Form F-Enterprise Risk Report	3 AAC 21.188, eff. 11/26/2015 & AS 21.22.060(n) eff. 7/1/2015
R	Division of Insurance Web Site:	www.insurance.alaska.gov
S	Due Date Extensions for Filings:	No extensions allowed. Filings are to be submitted by the due date.

**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.

Alaska does not want to receive a copy of the checklist.

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 XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.