

**PROPERTY & CASUALTY INSURERS**

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

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

REQUIRED FILINGS IN THE STATE OF: ALASKA Filings Made During the Year 2016

(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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	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	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	Domestics Only
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	
	17	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	18	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	19	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	20	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	21	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	22	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	23	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	24	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	25	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	26	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	27	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	28	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	29	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	30	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	32	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	33	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	35	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	Only required for U.S. branches of alien insurers
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	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	N/A	N/A	8/1	Company	
	85	Independent CPA (change) Notice	1	N/A	N/A	With 60 days of admittance/change	Company	

86	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	
87	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company		
88	Notice of Resignation/Dismissal of Prior Independent CPA	1	N/A	N/A	Within 5 business days of dismissal or resignation	Company		
89	Notification of Adverse Financial Condition	1	N/A	N/A	5 business days	Company		
90	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	
91	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.	
92	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	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.
93	Relief from the one-year cooling off period for independent CPA (Domestic only – request approval of Director)	1	EO	EO	EO (Grants of Relief only)	3/1	Company	Any grant of relief must be filed with Annual Statement.
94	Relief from the Requirements for Audit Committees	1	EO	EO	EO	3/1	Company	
95	Request for Exemption to File	1	N/A	N/A	12/31	Company		
96	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/31	Company		
<b>V. STATE REQUIRED FILINGS</b>								
101	Annual Premium Tax Payment		0		3/1	State	Note D	
102	Annual Premium Tax Report	1	0	1	3/1	State	Note O	
103	Certificate of Compliance	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately	
104	Certificate of Deposit	xxx	0	1	3/1 or when available	Domestic State	File with Annual Premium Tax Report or separately	
105	Combined Annual Statement for domestic in a group	1	0	xxx	3/1	Company	Including Domestic Only	
106	Designation of Persons to Contact	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED	
107	Designation of Person to Receive Service of Process	1	0	1	ONLY IF CHANGED	State or NAIC	ONLY IF CHANGED	
108	Enterprise Risk Report – Form F ***	1	0	xxx	5/1	Company	Domestics Only Note Q	
109	Holding Company Registration Statement (Form B & C)	1	0	N/A	5/1	Company		
110	Minimum Asset Reserve Report	1	0	xxx	3/1	State	Domestics Only	
111	Quarterly Tax Payments		0		5/31, 8/31, 11/30	State	Note P	
112	Quarterly Tax Reports	1	0	1	5/31, 8/31, 11/30	State	Note P	
113	Signed Jurat	xxx	0	xxx	none	NAIC	Note L	
114	State Filing Fees		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.

\*\*\*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 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 both of these filings are 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)

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	<b>IF HARD COPY IS 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</b>
A	Required Filings Contact Person:	Rebecca Nesheim, Tax Auditor (907) 465-2584 rebecca.nesheim@alaska.gov
B	Mailing Address:	Domestic Company Financial Filings: Chief Financial Examiner Alaska Division of Insurance 550 West 7th Avenue, Suite 1560 Anchorage, AK 99501-3567  Annual Premium Tax Report and Certificates: Tax Auditor Alaska Division of Insurance P. O. Box 110805 Juneau, AK 99811-0805 Optional: OPTins Express Mail: 333 Willoughby Avenue, 9th Floor Juneau, AK 99801  Non-domestic Financial Filings: NAIC (unless otherwise noted) Via Electronic media Please contact NAIC for address and format of filing
C	Mailing Address for Filing Fees:	Fees must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report includes the \$100 Annual Statement Filing Fee and \$2,250 Certificate of Authority Continuation Fee. Optional is to pay via OPTins through the NAIC
D	Mailing Address for Premium Tax Payments:	Taxes must be paid by the Automated Clearing House payment method. The Annual Premium Tax Report is to be filed at the address in Note B. Optional is to pay via OPTins through the NAIC
E	Delivery Instructions:	All filings must be postmarked 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. Optional is to file annual premium tax report, attachments, and certificates via OPTins through the NAIC
F	Late Filings:	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.  Late Tax Payment Penalty: \$50 per month plus five percent of the tax due per month up to a maximum of \$250 plus 25 percent of the tax due and interest of one percent per 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.
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. 7th Avenue, Suite 1560, Anchorage, AK 99501-3567
K	Bar Codes (State or NAIC):	None
L	Signed Jurat:	Domestic companies only-Signed Jurat included with bound domestic hard-copy filing.
M	NONE Filings:	To be completed as required by NAIC Financial Statement Instructions
N	Filings new, discontinued or modified materially since last year:	None
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 2015 tax was \$10,000 or more, the insurer is required to make estimated quarterly tax payments throughout 2016. See Note F for late payments.
Q	Enterprise Risk Report - Form F	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

**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 requested by the state. 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 *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 make the forms available online 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 and 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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