

**HEALTH ENTITIES**

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

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

REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2015

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC	State		
		<b>I. NAIC FINANCIAL STATEMENTS</b>					
	1	Annual Statement (8 1/2"x14")	2	EO	XXX	3/1	A-O,T,V,X, Z
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	XXX	3/1	A-O,T,V
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	XXX	5/15, 8/15, 11/15	A,B,E-O,R, Z
		<b>II. NAIC SUPPLEMENTS</b>					
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	A,B,E,F,I,M,O
	11	Actuarial Opinion	2	EO	XXX	3/1	A,B,E,F,I,J,M,Q
	12	Health Care Exhibit (Parts 1,2, and 3) Supplement	1	EO	XXX	4/1	A,B,E,F,I,M,O
	13	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	A,B,E,F,I,M,O
	14	Investment Risk Interrogatories	1	EO	XXX	4/1	A,B,E,F,I,M,O
	15	Life Supplement Data due March 1	1	EO	XXX	3/1	A,B,E,F,I,J,O
	16	Life Supp Statement non-guaranteed elements- Exh 5 , Int #3	1	EO	XXX	3/1	A,B,E,F,I,J,M,O
	17	Life Supp Statement on par/non-par policies- Exh 5 Int. 1&2	1	EO	XXX	3/1	A,B,E,F,I,J,M,O
	18	Life Supplement Data due April 1	1	EO	XXX	4/1	A,B,E,F,I,J,M,O
	19	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	A,B,E,F,I,M,O
	20	Management Discussion & Analysis	1	EO	XXX	4/1	A,B,E,F,I,Q,U
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	A,B,E,F,I,J,M,O
	22	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,M,O
	23	Property/Casualty Supplement due March 1	1	EO	XXX	3/1	A,B,E,F,I,J,M,O
	24	Property/Casualty Supplement due April 1	1	EO	XXX	4/1	A,B,E,F,I,J,M,O
	25	Risk-Based Capital Report ( <b>bound or stapled</b> )	1	EO	XXX	3/1	A,B,E,F,I,J,M,O,R, T
	26	Schedule SIS	1	N/A	XXX	3/1	A,B,E,F,I,J,M,O,
	27	Supplemental Compensation Exhibit	1	N/A	XXX	3/1	A,B,E,F,I,M,O
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>					
	60	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	O
	61	March .PDF Filing	XXX	EO	XXX	3/1	O
	62	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	O
	63	Risk Based Capital .PDF Filing	XXX	EO	N/A	3/1	O
	64	Supplemental Electronic Filing	XXX	EO	XXX	4/1	O
	65	Supplemental .PDF Filing	XXX	EO	XXX	4/1	O
	66	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	O
	67	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	O
	68	June .PDF Filing	XXX	EO	XXX	6/1	O

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REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2015

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE	(6) APPLICABLE NOTES	
			Domestic	Foreign			
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>					
	81	Accountants Letter of Qualifications	1	EO	1	6/1	A,B,E,F,I,J,Q,W
	82	Audited Financial Reports	1	EO	1	6/1	A,B,E,F,I,J,Q,W
	83	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	6/1	A,B,E,I,J,Q,W
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	1	8/1	A,B,E,I,J,Q,W
	85	Independent CPA (appointment or change)	1	N/A	1		A,B,E,F,I,J,Q,W
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	1	8/1	A,B,E,F,I,J,Q,W
	87	Notification of Adverse Financial Condition	1	N/A	1	< 5 <sup>th</sup> business day after notice received	A,B,E,F,I,J,Q,W
	88	Request for Exemption to File	1	N/A	1	<b>5/21</b>	A,B,E,F, I,J,Q,W
	89	Relief from the five-year rotation requirement for lead audit partner	1	EO	1	12/1	A,B,E,F, I,J,Q,W
	90	Relief from the one-year cooling off period for independent CPA	1	EO	1	3/1	A,B,E,F, I,J,Q,W
	91	Relief from the Requirements for Audit Committees	1	EO	1	3/1	A,B,E,F, I,J,Q,W
		<b>V. STATE REQUIRED FILINGS</b>					
	101	Certificate of Compliance	N/A	0	1	3/1	A,B,E,I,M,P
	102	Certificate of Deposit	N/A	0	1	3/1	A,B,E,I,M,P
	103	Filings Checklist (with Column 1 completed)	N/A	0	N/A	3/1	A,B,E,I,M,P
	104	Privilege & Retaliatory Tax Statement	1	0	1	3/15	A,B,D,E,F,P
	104.1	Privilege & Retaliatory Tax Quarterly Estimates	1	0	1	4/15, 6/15, 9/15, 12/15	A,B,D,E,F,P
	105	State Filing Fees- Annual Statement Filing Fee	1	0	N/A	Upon receipt of invoice 2/1	A-C,E,F,P
	105.1	State Filing Fees- Certificate of Authority Renewal Fee	0	0	1	Upon receipt of invoice 2/1	A-C,E,F,P
	105.2	Financial Regulation Fee	1	XXX	1	Upon receipt of invoice 6/30	A-C,E,F,P
	106	Signed Jurat page	2	0	XXX	3/1	L
	107	Annual Form B Filing (If Applicable)	1	N/A	XXX	5/1	A-C,E,F,G,I,J,Q
	108	Annual Form C Filing (If Applicable)	1	N/A	XXX	5/1	A-C,E,F,G,I,J,Q,S
	109	Illinois Business Page	2	EO	XXX	3/1	A,B,E,I,M,O,X
	110	Point of Service Form	1	XXX	XXX	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,P,Y
	111	Provider agreements					AA

\*If XXX appears in this column, Illinois 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 not required. EO (electronic only filing).

**General Instructions**

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REQUIRED FILINGS IN THE STATE OF: Illinois Filings Made During the Year 2015

For Companies to Use Checklist

**Please Note:** Illinois' instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but 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 .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 (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 checklist reflects 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 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)**

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**REQUIRED FILINGS IN THE STATE OF:** Illinois **Filings Made During the Year 2015**

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.