

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: OREGON Filings Made During the Year 2020

(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"X14")	2	EO	xxx	3/1	NAIC	G,H,J,K,L,O,Y
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	NAIC	K
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G,H,J,K,P,Z
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	K
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	J,K
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	K
	14	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	K
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	2	EO	xxx	3/1	Company	K
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	xxx	3/1	Company	K
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit		EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form		EO	xxx	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	K
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J,K,Q
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	K
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	J,K
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	J,K
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	J,K
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	K
	27	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	K
	28	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
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	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	K
	82	Audited Financial Reports	2	EO		6/1	Company	J,K,Q,BB
	83	Audited Financial Reports Exemption Affidavit	Note	N/A	N/A		Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	K
	85	Independent CPA (change)	Note	N/A	N/A		Company	S

(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			
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	K
	87	Notification of Adverse Financial Condition	Note	N/A	N/A		Company	T
	88	Relief from the five-year rotation requirement for lead audit partner	2	EO	xxx	3/1	Company	K
	89	Relief from the one-year cooling off period for independent CPA	2	EO		3/1	Company	K
	90	Relief from the Requirements for Audit Committees	2	EO		3/1	Company	K
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	Note	N/A	N/A		Company	J
		V. STATE REQUIRED FILINGS						
	101	Annual Actuarial Certification of SEHI Compliance	1	0	1		State	GG
	102	Annual Report of Segregated Premiums	1	0	Note	3/1	State	QQ
	103	Certification report from the exchange	1	0	0	3/1	State	PP
	104	Certificate of Compliance	1	0	0			
	105	Certificate of Deposit	1	0	0		State	
	106	Combined Tax Prepayment	Note	0	Note	6/15, 9/15, 12/15	State	V
	107	Corporate Governance Annual Disclosure***	1	0	0	6/1	Company	WW
	108	Credit Life and Health Experience Report	1	0	1		State	HH
	109	Expanded Practice Dental Hygienists	0	0	0	8/1	State	EE
	110	Filings Checklist (with Column 1 completed)	0	0	0		State	
	111	Form B-Holding Company Registration Statement	1	0	0	4/30	Company	J,X
	112	Form F-Enterprise Risk Report ****	1	0	1		Company	RR
	113	Health Benefit Plan Report	EO	0	EO	4/1	State	AA
	114	Health Insurer Segregation of Premium Accounting Plan	1	0	Note	3/1	State	NN
	115	Health Life Supplement – Life State Page	2	0	0	3/1	NAIC	K
	116	Health Property/Casualty Supplement – Property & Casualty State Pages	2	0	0	3/1	NAIC	K
	117	Insurance Tax Return	1	0	1	4/1	State	U
	118	Life Illustration Report	1	0	1		State	II
	119	Long Term Care Reports	1	0	1	3/1, 5/1, 6/30	State	KK
	120	Market Conduct Annual Statement (MCAS)	0	EO	0	4/30	NAIC	OO
	121	Medical Loss Ratio	1	0	1		State	JJ
	122	Medicare Select and Supplement Reports	1	0	1	3/1, 3/3, 5/31	State	LL
	123	Network Adequacy	1	N/A	1	3/31	State	N,UU
	124	Oregon Exhibit of Premiums (State Page)	2	0	xxx	3/1	NAIC	K,R
	125	ORSA *****	1	N/A	N/A	8/1	Company	TT
	126	Patient Protection Reports	1	0	1	6/30	State	DD
	127	Prompt Pay Reports	1	0	Note	3/1	State	MM
	128	Protection of Health Information Report	1	0	1	3/1	State	SS
	129	Premium Tax		0			State	
	130	Quarterly Health Enrollment Report	EO	0	EO	2/1, 5/1 8/1, 11/1	State	CC
	131	Quarterly Health Premium Assessment	EO	0	EO	2/15, 5/15, 8/15, 11/15	State	VV
	132	Rescission Reporting	1	0	1	6/30	State	FF
	133	Signed Jurat	xxx	0			NAIC	
	134	State Filing Fees		0			State	
	135	Statement of Compliance for Advertising	1	0	1	3/1	State	W

*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.

****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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	<p>General: Sara Warburton 503-947-7227 503-947-7982</p> <p>Bar Code: Sara Warburton 503-947-7227</p> <p>Internet Address: sara.m.warburton@oregon.gov</p> <p>Tax Contacts: Gail McFarlin 503-947-7218 Shannon O'Shea 503-947-7046</p> <p>Insurance Tax Return Internet Address: Gail.l.mcfarlin@oregon.gov Shannon.Oshea@oregon.gov orinstax.ins@oregon.gov</p>	
B	Mailing Address:	<p>Street Address: Department of Consumer & Business Services Division of Financial Regulation 350 Winter Street NE Salem OR 97301-3883</p> <p>Mailing Address: Department of Consumer & Business Services Division of Financial Regulation P.O. Box 14480 Salem OR 97309-0405</p>	
C	Mailing Address for Filing Fees:	No filing fees required.	
D	Mailing Address for Premium Tax Payments:	<p>Street Address: Department of Consumer & Business Services Division of Financial Regulation 350 Winter Street NE Salem OR 97301-3883</p> <p>Mailing Address: Department of Consumer & Business Services Fiscal Services Division P.O. Box 14610 Salem OR 97309-0445</p>	
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. Mail tax forms separately from Annual Statement or Jurat Page filings.	
F	Late Filings:	Failure to comply with any of the filing requirements may result in the assessment of a civil penalty pursuant to ORS 731.988 or the expiration of your company's certificate of authority pursuant to ORS 731.410. \$500 Late Filing LATE FEE - \$500 PER DAY	

G	Original Signatures:	Facsimile signatures are acceptable and have the same force as original signatures. iReg forms do not require a signature. An officer must certify that the form is current by checking the box on the form.
H	Signature/Notarization/Certification:	Domestic insurers: The annual statement and quarterly statements must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized. Foreign insurers: The Signed Jurat page must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized.
I	Amended Filings:	Domestic insurers: An amended annual statement must be filed within 45 days after the end of the calendar month in which the error was discovered. Foreign insurers: When there is an amendment to the annual statement you must file an amended Signed Jurat page within 10 days of the amendment. If there are signature requirements for the original filing, the same requirements should be followed for any amendment.
J	Exceptions from normal filings:	All insurers must provide a written request pursuant to NAIC Annual Statement Instructions at least 10 days prior to the filing due date to receive Oregon's approval on any exemption or extension. Foreign insurers must include a written copy of the exemption or extension granted by its state of domicile. Generally, extension requests made on or after the filing due date will not be granted.
K	Bar Codes (State or NAIC):	Bar codes are required. Please refer to the NAIC Annual Statement Instructions, Bar Codes Appendix and the attached listing. Note: State page bar code must have "38" in the state code position and reflect only Oregon business. Grand Total "58" is not acceptable even if it is "none."
L	Signed Jurat:	This state waives foreign insurers from filing printed annual statements and supplements. Foreign insurers will file a completed Signed Jurat page as confirmation of NAIC electronic filing. The signature requirements for the Signed Jurat page are the same as the requirements for the annual statement Jurat page. In the event that you refile or amend any financial data, a newly completed Signed Jurat page is required.
M	NONE Filings:	See NAIC Annual Statement Instructions for Supplemental Interrogatories.
N	Filings new, discontinued or modified materially since last year:	*Network Adequacy Reporting See note UU
O	Annual Statement Instruction for electronic filing:	Domestic and foreign insurers are required to file annual statements and supplements electronically with the NAIC. Foreign insurers: See note L.
P	Quarterly Statements for foreign companies:	Only required if requested by Commissioner.
Q	Consolidated Management Discussion & Analysis and Consolidated Audited Financial Statement:	Domestic insurers within a consolidated group are required to file a copy of the report displaying the appropriate bar code for that document on the upper-right corner of the cover of the report. The bar code must reflect the filing insurer's NAIC company code; not the group's NAIC group code.

R	Oregon Exhibit of Premiums (State Page):	Only domestic insurers are to file hard copies of the Oregon Exhibit of Premiums in both the original statement and the copy. Note: State page bar code must have "38" in the state code position and reflect only Oregon business. Grand Total "58" is not acceptable even if it is "none."
S	Designation of Independent CPA:	If the CPA is not the CPA who prepared the immediately preceding filed audited financial report for the insurer, the insurer shall notify the Commissioner of the engagement no later than the 30th day after the effective date of the engagement.
T	Notification of Adverse Financial Condition:	An insurer that has received a report of adverse financial condition shall forward a copy of the report to the Commissioner no later than the fifth business day after receiving the report and shall provide the CPA with evidence that the report was furnished to the Commissioner.
U	Insurance Tax Return (includes retaliatory tax, fire marshal tax, and certificate of authority renewal fee):	Companies will file their tax returns electronically on the iReg filing system on our website: www.dfr.oregon.gov Direct all inquiries to: Gail McFarlin 503-947-7218 gail.l.mcfarlin@oregon.gov Shannon O'Shea 503-947-7046 Shannon.Oshea@oregon.gov orinstax.ins@oregon.gov
V	Combined Tax Prepayments:	Companies receive their coupons for prepayments by accessing their accounts on the iReg filing system Direct all inquiries to: Gail McFarlin 503-947-7218 gail.l.mcfarlin@oregon.gov Shannon O'Shea 503-947-7046 Shannon.Oshea@oregon.gov orinstax.ins@oregon.gov Please keep in mind, however, that your company will not receive such notice if your prior year's Retaliatory Tax and Fire Marshal Tax liability was less than \$400, since no prepayment is required.
W	Statement of Compliance for Advertising:	An insurer that advertises health products must file per OAR 836-020-0280(2). If an insurer is authorized for health but does not write or advertise health products, you do not need to file this statement. Send to: Department of Consumer & Business Services Attn: Rhett Stoyer PO Box 14480 Salem OR 97309-0405 503-947-7268
X	Holding Company Registration:	Every domestic insurer that is a member of an insurance holding company system shall register on or before April 30 for the previous calendar year per ORS 732.551(1)(2). Foreign insurers need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.

Y	Annual Statement Cover and Binding:	Annual Statements are to be bound with a sturdy front and back cover. The minimum acceptable weight for the cover is 65# paper. It is acceptable to use a lesser weight paper and laminate it. The covers are to be similar in color to the required NAIC Blank. The statements are to be bound along the left edge with sufficient margins, so the printed material is not obscured by the binding. The sturdy covers and bound statements are required to maintain the integrity of the filing because these statements are used extensively by Division employees and the public.
Z	Quarterly Statement Binding:	Quarterly statements are to be bound along the left edge or securely fastened at the top of the top left-hand corner with sufficient margins, so the printed material is not obscured by the binding. The binding is to maintain the integrity of the filing because these statements are used extensively by Division employees and the public. A sturdy front and back cover is preferred but not required.
AA	Health Benefit Plan Report:	<p>This report is to be filed electronically on or before April 1 per ORS 743.748.</p> <p>Exemption requests are not currently required and null or blank reports are not required.</p> <p>Website: https://dfr.oregon.gov/business/reg/health/Pages/health-benefit-plan-reports.aspx</p> <p>Reporting Portal: https://www4.cbs.state.or.us/exs/ins/multifile/</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktSurv@oregon.gov</p>
BB	Audited Financial Report Cover and Binding:	This state requests that Audited Financial Reports include a sturdy front and back cover and to be bound along the left edge with sufficient margins, so the binding does not obscure the printed material. The binding is to maintain the integrity of the filing because Division employees and the public use these statements extensively.
CC	Quarterly Health Enrollment Report:	<p>This report is filed electronically on a quarterly basis per ORS 743.745, 743.818, OAR 836-010-0051 and OAR 836-053-1180.</p> <p>Exemption requests must be filed electronically by May 1 each calendar year.</p> <p>Website: https://dfr.oregon.gov/business/reg/health/Pages/quarterly-health-enrollment-reporting.aspx</p> <p>Reporting Portal: https://www4.cbs.state.or.us/exs/ins/ireg/</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktSurv@oregon.gov</p>

DD	Patient Protection Reports:	<p>These reports are to be filed annually.</p> <p>Grievances and Appeal Reports: ORS743.804; OAR 836.053.1000(3) (a); OAR 836-053-1070 (subject to change).</p> <p>Network Adequacy: ORS 743.817; OAR 836.053.1000 (3) (a); OAR 836-053-1190 (subject to change).</p> <p>Quality Assessment: ORS 743.814; OAR 836.053.1000 (3) (a); OAR 836-053-1170 (subject to change).</p> <p>Utilization Review: ORS 743.807; OAR 836.053.1000 (3) (a); OAR 836-053-1130 (subject to change).</p> <p>The reporting forms are on our website: https://dfr.oregon.gov/business/reg/health/patient-protection-reports/Pages/index.aspx</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktssurv@oregon.gov</p>
EE	Expanded Practice Dental Hygienists:	<p>This report required in even-numbered years per OAR 836-011-0600 (2) (both Domestic and Foreign)</p> <p>Template available at: https://dfr.oregon.gov/business/reg/health/Pages/expanded-practice-dental-hygienists.aspx</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktssurv@oregon.gov</p>
FF	Rescission Report:	<p>Due June 30 (both Domestic and Foreign) OAR 836-053-0825(4) (subject to change)</p> <p>No specific template is provided.</p> <p>Send report to ins.mrktssurv@oregon.gov</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktssurv@oregon.gov</p>
GG	Annual Actuarial Certification of SEHI Compliance:	<p>ORS 743.737 (13) (b); ORS 743.733</p> <p>This report is required as a component of a health rate filing. If you do not file health rates in Oregon, these reports are not required. There is no explicit due date since they can be filed multiple times a year.</p> <p>Direct all inquiries to: Michael Sink Product Regulation Department of Consumer & Business Services PO Box 14480 Salem OR 97309-0405 971-673-2031</p>

HH	Credit Life and Health Experience Report:		<p>OAR 836-060-0041 (subject to change) Due 6/1. This report should show a breakdown between underwritten and non-underwritten business. Direct all inquiries to: Andrew Bux Product Regulation Department of Consumer & Business Services PO Box 14480 Salem OR 97309-0405 503-476-5746</p>
II	Life Illustration Report:		<p>OAR 836-051-0590 (subject to change) Direct all inquiries to: Malecia Pruitt Product Regulation Department of Consumer & Business Services PO Box 14480 Salem OR 97309-0405 971-239-5814</p>
JJ	Medical Loss Ratio:		<p>C.F.R. 158.110 (subject to change) This report is required as a component of a health rate filing. If you do not file health rates in Oregon, these reports are not required. There is no explicit due date since they can be filed multiple times a year. Direct all inquiries to: Michael Sink Product Regulation Department of Consumer & Business Services PO Box 14480 Salem OR 97309-0405 971-673-2031</p>
KK	Long Term Care Reports:		<p>Rescissions: Due 3/1, OAR 836-052-0576(7) Exhibit: http://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0576_ex1.pdf</p> <p>Suitability Report: Due 5/1, OAR 836-052-0726(8) Suitability Letter: http://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0726_ex2.pdf</p> <p>Claim Denials: Due 6/30,OAR 836-052-0636(4) Exhibit: Form 440-2500 http://dfr.oregon.gov/laws-rules/Documents/OAR/2500.doc</p> <p>Lapses & Replacements: Due 6/30, OAR 836-052-0636(1) - (3) Exhibit: Form 440-2735 http://dfr.oregon.gov/laws-rules/Documents/OAR/2735.doc</p> <p>Reports sent to: ins.mrktSurv@oregon.gov</p> <p>Direct all inquiries to: Spencer Peacock 503-947-7201 ins.mrktSurv@oregon.gov</p>

LL	Medicare Select and Supplement Reports:	<p>Medicare Select Grievance Report: Due 3/31 ORS 743.683; OAR 836-052-0139 (12)(f) (subject to change) Direct all inquiries to: Rhett Stoyer Market Regulation ins.mrktssurv@oregon.gov</p> <p>Medicare Select Quarterly: Updated list of Network Providers. Due Quarterly OAR 836-052-0139 (7)(b) (subject to change) Direct all inquiries to: Rhett Stoyer Market Regulation. ins.mrktssurv@oregon.gov</p> <p>Medicare Supplement Refund Calculation Report: Due 5/31. OAR 836-052-0145 (2) (subject to change) Direct all inquiries to: Elizabeth McMahon Product Regulation. 503-947-7001</p> <p>Multiple Medicare Supplement Report: Due 3/1. OAR 836-052-0185 (subject to change) Direct all inquiries to: Rhett Stoyer Market Regulation ins.mrktssurv@oregon.gov</p> <p>Department of Consumer & Business Services PO Box 14480 Salem OR 97309-0405</p>
MM	Prompt Pay Reports:	<p>This report is filed annually. ORS 836-080-0085 (subject to change) Companies who have issued fully insured health policies to Oregon residents or Oregon-based businesses that fit the definition of "Health Benefit Plan" (as defined in ORS 743.730(17) are required to report. Reporting is not required on policies issued to residents or businesses outside of Oregon, when covered persons are living or receiving medical care from Oregon providers. Reporting is also not required for those individual claims submitted by providers outside of Oregon on policies issued in Oregon.</p> <p>The reporting form is on our website: https://dfr.oregon.gov/business/reg/insurer/Documents/3431.doc Reports sent to: ins.mrktssurv@oregon.gov</p> <p>Direct all inquiries to: Spencer Peacock Department of Consumer & Business Services Market Surveillance ins.mrktssurv@oregon.gov</p>

NN	Health Insurer Segregation of Premium Accounting Plan	Any insurer, fraternal benefit society, health maintenance organization or health care service contractor authorized to transact health insurance in Oregon and offering health benefit plans through the Oregon Health Insurance Marketplace. Once filed and approved, only changes need to be filed.
OO	Market Conduct Annual Statement (MCAS)	NAIC Project Website: http://www.naic.org/mcas_2016.htm Oregon Contact: Spencer Peacock 503-947-7201 ins.mrktSurv@oregon.gov
PP	Certification report from the exchange	OAR 836-011-0050 Certification that the insurer is certified as a qualified insurer through the exchange. The certification is provided to the insurer by the Oregon Health Insurance Marketplace and is filed with the annual statement.
QQ	Annual Report of Segregated Premiums	OAR 836-011-0050 Annual Report of Segregated Premiums shall be electronically filed with Financial Regulation in PDF format. If an insurer did not write any business, you do not need to file this report. Foreign insurers: Only those authorized by the Oregon Health Insurance Marketplace need to file this report. E-mail to: sara.m.warburton@oregon.gov The reporting form is located on our website: http://dfr.oregon.gov/business/insurance-industry/insurer-reg/Documents/4997.doc
RR	Enterprise Risk Management Report (Form F)	Due 4/30. Every domestic insurer that is a member of an insurance holding company system shall register on or before April 30 for the previous calendar year per ORS 732.551(1)(2) & 732.569. This report is only required to be filed with the lead state of the group. Foreign insurers need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.
SS	Protection of Health Information Report	This report is to be filed by all authorized insurers, including Health Care Service Contractors, that offer: an Essential Health Benefit Plan per ORS 743B.005; Short term health policy, the duration of which does not exceed six months including renewals; a Student Health Policy; A Medicare Supplement Policy; A Dental Only policy. (See ORS 192.556(7) and ORS 743B.005(16) for details).
TT	Own Risk Solvency Assessment (ORSA)	Required if insurer has over \$500 million or the group has over \$1 billion in direct written premium pursuant to ORS 732.650 to 732.672.

UU	Network Adequacy Report (Annual)	<p>Due 3/31, OAR 836-053-0300 through 836-053-0350 Reports sent to: ins.mrktSurv@oregon.gov</p> <p>Reporting information is on our website: https://dfr.oregon.gov/business/reg/health/Pages/annual-network-adequacy.aspx</p> <p>Direct all inquiries to: Spencer Peacock ins.mrktSurv@oregon.gov</p>
VV	Quarterly Health Premium Assessment:	<p>Companies receive their coupons by accessing their accounts on the iReg filing system: https://www4.cbs.state.or.us/exs/ins/ireg/</p> <p>Direct all inquiries to: orinstax.ins@oregon.gov</p> <p>Gail McFarlin 503-947-7218 gail.l.mcfarlin@oregon.gov</p> <p>Shannon O'Shea 503-947-7046 Shannon.Oshea@oregon.gov</p> <p>*All companies licensed for Health in Oregon are required to file.</p> <p>Guidance for Health Insurance Premium Assessment: http://dfr.oregon.gov/business/insurance-industry/health-ins-regulation/Pages/reinsurance-main.aspx</p>
WW	Corporate Governance	<p>Every domestic insurer shall file the Corporate Governance Annual Disclosure statement with the lead state of the group on or before June 1 for the previous calendar year per ORS 732.680 to 732.689.</p> <p>Foreign insurers need not file the Corporate Governance Annual Disclosure statement if the statutes or rules of its domicile are substantially similar to those of Oregon, and it has been filed with the lead state of the group.</p>

**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) 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.

w:\qa\blanks\checklists\2018 filings made in 2019\2 hlthcklist_2018_filingsmade2019.docx

IDENTIFIER #	DOCUMENT TITLE Filing Year 2019 Due 2020	CO TYPE Blank	DUE DATE
201	Annual Statement and Quarterly (9X14) (Domestic Only)	L/P/F/T/H	3/1
201	Signed Jurat (Foreign Only)	L/P/F/T/H	3/1
203	Protected Cell Statement	P	3/1
205	Health Life Supplement (Exhibit 5, Exhibit 7, Schedule S)	H	3/1
206	Health Life Supplement – Life State Pages	H	3/1
207	Health Property/Casualty Supplement (Schedule F & P)	H	3/1
208	Health Property/Casualty Supplement – Property & Casualty State Pages	H	3/1
210	Accident and Health Policy Experience Exhibit	L/P/F/H	4/1
211	Health Life Supplement - LHA Guaranty Assn Reconciliation	H	4/1
212	Health Life Supplement - LHA Guaranty Assn Adjustment Exhibit	H	4/1
213	Health Property/Casualty Supplement - Ins Expense Exhibit	H	4/1
214	Health Life Supplement – Analysis of Annuity Operations by Lines of Business	H	4/1
215	Health Life Supplement – Analysis of Increase in Annuity Reserves During the Year	H	4/1
216	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	L/P/F/H	4/1
217	Supplemental Health Care Exhibit’s Expense Allocation Report	L/P/F/H	4/1
220	Audited Financial Report	L/P/F/T/H	6/1
221	Accountant’s Letter of Qualifications	L/P/F/T/H	6/1
222	Communication of Internal Control Related Matters Noted in an Audit	L/P/F/T/H	8/1
223	Management’s Report of Internal Control over Financial Reporting	L/P/F/T/H	8/1
224	Relief from the five-year rotation requirement for lead audit partner	L/P/F/T/H	3/1
225	Relief from the one-year cooling off period for independent CPA	L/P/F/T/H	3/1
226	Relief from the Requirements for Audit Committees	L/P/F/T/H	3/1
230-38	Credit Insurance Expense Exhibit	L/P	4/1
240	Financial Guaranty Insurance Exhibit	P	3/1
260	Fraternal Interest Sensitive Life Insurance Products Report	F	4/1
270	Insurance Expense Exhibit	P	4/1
280	Interest Sensitive Life Insurance - Products Report	L	4/1

285	Investment Risks Interrogatories	L/P/F/T/H	4/1
290-38	LHA Guaranty Association Reconciliation	L	4/1
300-38	LHA Guaranty Association Adjustment Exhibit	L	4/1
301	Long-Term Care Experience Reporting Form 1	L/P/F/H	4/1
302	Long-Term Care Experience Reporting Form 2	L/P/F/H	4/1
303	Long-Term Care Experience Reporting Form 3	L/P/F/H	4/1
304	Long-Term Care Experience Reporting Form 4	L/P/F/H	4/1
305	Long-Term Care Experience Reporting Form 5	L/P/F/H	4/1
306	Supplemental Exhibits and Schedules Interrogatories – LTC	L/P/F/H	4/1
345	Supplemental XXX/AXXX Reinsurance Exhibit	L/F	4/1
350	Management's Discussion & Analysis of Operation	L/P/F/T/H	4/1
360-38	Medicare Supplement Insurance Expense Exhibit	L/P/F/H	3/1
365	Medicare Part D Coverage Supplement	L/P/F/H	3/1, 5/15, 8/15, 11/15
370	Non-Guaranteed Opinion for Exhibit 5	L/F	3/1
371	Participating Opinion for Exhibit 5	L/F	3/1
385	Premiums Attributed to Protected Cells Exhibit	P	3/1
390	Risk-Based Capital	L/P/F/H	3/1
399	Reinsurance Attestation Supplement	P	3/1
400	Exceptions to the Reinsurance Attestation Supplement	P	3/1
401	Reinsurance Summary Supplemental Filing	P	3/1
420	Schedule SIS	L/P/T/H	3/1
430-38	State Page *	L/P/F/H	3/1
434	Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation, Section 7A(5)	L/F	3/15
435	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D	L/F	4/30
436	Actuarial Certifications related to Hedging required by Actuarial Guideline XLIII	L/F	3/1
437	Financial Officer Certification related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	L/F	3/1
438	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	L/F	3/1
439	Actuarial Certification related to the Reserves required by Actuarial Guideline XLIII	L/F	3/1
440	Statement of Actuarial Opinion	L/P/F/T/H	3/1
441	Actuarial Opinion Summary (AOS)	P	3/15
442	X-Factors Actuarial Opinion	L/F	3/1
443	Separate Account Funding Guaranteed Minimum Benefit Actuarial Opinion	L/F	3/1
444	Synthetic Guaranteed Investment Contracts Actuarial Opinion	L/F	3/1
445	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	L/F	5/15, 8/15, 11/15
446	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	L/F	5/15, 8/15, 11/15
447	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	L/F	5/15, 8/15, 11/15
448	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	L/F	5/15, 8/15, 11/15
449	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	L/F	5/15, 8/15, 11/15
450	C-3 RBC Certifications required under C-3 Phase I	L/F	3/1
451	C-3 RBC Certifications required under C-3 Phase II	L/F	3/1

452	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance	L/F	3/1
453	Actuarial Opinion required by the Modified Guaranteed Annuity Model Regulation	L/F	3/1
454	Actuarial Certification related to the Use of 2001 Preferred Class Tables Required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities	L/F	3/1
455	Supplement A to Schedule T	P	5/15, 8/15, 11/15
460	Supplemental Compensation Exhibit	L/P/F/T/H	3/1
465	Supplemental Schedule O	L	3/1
480	Title Supplemental Schedule of Business Written by Agency	T	4/1
490	Trusteed Surplus Statement	L/P/F	3/1
495	Worker's Compensation Carve-out Supplement	L	3/1
500	Bail Bond Supplement	P	3/1
505	Director and Officer Insurance Coverage Supplement	P	3/1, 5/15, 8/15, 11/15
510	Analysis of Annuity Operations by Lines of Business	L/F	4/1
515	Analysis of Increase in Annuity Reserves During the Year	L/F	4/1
550	Cybersecurity and Identity Theft Insurance Coverage Supplement	P	4/1
F	Those companies filing a Fraternal Statement.		
H	Those companies filing a Health Statement.		
L	Those companies filing a Life/Accident/Health Statement.		
P	Those companies filing a Property/Casualty Statement.		
T	Those companies filing a Title Statement.		
	*State page bar code must use "38" for the state code and reflect only Oregon business. Grand Total "58" is not acceptable even if it is "none".		
	Please be aware that not all bar code labels are produced automatically by annual statement software packages. Documents such as Management Discussion and Analysis, Actuarial Opinion, and the Audited Financial Report need bar codes that may not be automatically produced by software programs and might need to be prepared manually.		