

## HEALTH ENTITIES

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

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

REQUIRED FILINGS IN THE STATE OF: LOUISIANA 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) FORM SOURCE**	(7) 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	NAIC	A-O
	1.1	Printed Investment Schedule detail (Pgs E01-E27)	2	EO	xxx	3/1	NAIC	A-O
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	A-O
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	A-O
	11	Actuarial Opinion	2	EO	xxx	3/1	Company	A-O
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	A-O
	13	Health Care Exhibit's Allocation Report Supp	2	EO	xxx	4/1	NAIC	A-O
	14	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	A-O
	15	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	A-O
	16	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	2	EO	xxx	3/1	Company	A-O
	17	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	xxx	3/1	Company	A-O
	18	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	A-O
	19	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A-O
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	A-O
	21	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A-O
	22	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	23	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	A-O
	24	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	A-O
	25	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	A-O
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	A-O
	27	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A-O
		<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	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	65	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	66	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	67	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	A-O
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	A-O
	83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A	5/20	Company	A-O
	84	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	A-O
	85	Change in Independent CPA	2	N/A	N/A	Within 5 days of Chg	Company	A-O
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	A-O
	87	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	A-O
	88	Request for Exemption/Extension to File	1	N/A	N/A	5/20	Company	A-O
	89	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A-O
	90	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A-O
	91	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A-O

		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	1	3/1	State	A-O
	102	Certificate of Deposit ( <i>See Note P</i> )	0	0	1	3/1	State	A-O, P
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1, 5/15, 8/15, 11/15	State	A-O
	104	Premium tax ( <b>See Note D</b> )	1	0	1	3/1, 4/15, 7/15, 10/15	State	A-O
	105	State Filing Fees ( <b>See Note D</b> )	1	0	1	3/1	State	A-O
	106	Signed Jurat ( <b>Foreign only</b> )	0	0	0	Not Applicable	NAIC	A-O, Q
	107	Certificate of Valuation	0	0	1	8/1	State	A-O
	108	Detailed Listing of Investments w/Code Citations ( <b>Domestic only</b> )	1	0	0	3/1	Company	A-O
	109#	Holding Company Registration Statement (Forms B, C & <b>F</b> )	1	0	N/A	4/30	Company	A-O
	110	HIPAA Assessment Worksheet ( <b>See Note R</b> )	1	0	1	3/1	State	A-O, R
	111	Anti-Fraud Plan Annual Summary/Statistical Report	1	0	1	Due between 1/1 and 4/1	State	A-O, S

**\*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 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)**

	<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>		
A	Required Filings Contact Person:	Stewart Guerin, (225) 219-3929, <a href="mailto:sguerin@ldi.la.gov">sguerin@ldi.la.gov</a>	
B	Mailing Address:	<b>MAILING</b> Louisiana Department of Insurance Administrative Services P. O. Box 94214 Baton Rouge, LA 70804-9214	<b>PHYSICAL</b> Louisiana Department of Insurance Administrative Services 1702 North 3rd Street Baton Rouge, LA 70802
C	Mailing Address for Filing Fees (Electronic Filing):	\$1,000 Filing Fee, included in the Premium Tax Return (e-file)	
D	Mailing Address for Premium Tax Payments (Electronic Filing):  <i>The 2014 Annual Premium Tax Statement (Form 1061) and Annual Municipal Premium &amp; Tax Report (Form 1076) should be filed online this year through the LDI's Industry Access Portal:</i>  <a href="https://ia.ldi.state.la.us/IndustryAccess/">https://ia.ldi.state.la.us/IndustryAccess/</a>  <i>These forms are no longer available on our website to download and send by mail.</i>	<b>MAILING</b> Louisiana Department of Insurance Insurance Premium Tax Division P. O. Box 94214 Baton Rouge, LA 70804-9214	<b>PHYSICAL</b> Louisiana Department of Insurance Insurance Premium Tax Division 1702 North 3rd Street Baton Rouge, LA 70802
		<i>Questions regarding premium taxes, or filing fees, should be directed to Tommy Coco, (225) 342-1012, <a href="mailto:tcoco@ldi.la.gov">tcoco@ldi.la.gov</a></i>	
E	Delivery Instructions:	All filings must be <u>postmarked</u> no later than the indicated due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day.	
F	Late Filings:	All filings not delivered in accordance with Note E above will be considered late, and may be subject to regulatory action including fines and/or suspension.	
G	Original Signatures:	Original signatures required on all filings from <b>Domestic</b> companies. <b>Foreign</b> companies should follow the NAIC Annual Statement Instructions.	
H	Signature/Notarization/Certification:	Signatures of at least two principal officers are required for Annual and Quarterly Statement filings, which should be original signatures, manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate, and be properly notarized.	
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.	
J	Exceptions from normal filings:	<b>Foreign</b> companies shall supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Louisiana. <b>Domestic</b> companies shall apply at least 10 days prior to the original due date.	
K	Bar Codes (State or NAIC):	Not Applicable	
L	Signed Jurat:	Not Applicable	
M	NONE Filings:	"NONE" Filings are not required.	
N	Filings new, discontinued or modified materially since last year:	None	
O	Physical Street Address:	1702 North Third Street, Baton Rouge, LA 70802	
P	Certificate of Deposit: <i>Insurers exempt under LRS 22:804 from having to post a Louisiana statutory deposit shall send (no later than 3/1) a Certificate of Deposit issued by the company's Domiciliary State (dated no earlier than 12/31/2014) under separate cover to the following address:</i>	<b>MAILING</b> Louisiana Department of Insurance Statutory Deposit Division P. O. Box 94214 Baton Rouge, LA 70804-9214	<b>PHYSICAL</b> Louisiana Department of Insurance Statutory Deposit Division 1702 North 3rd Street Baton Rouge, LA 70802
Q	Reduction of tax when certain investments are made in Louisiana	For those insurers taking such a credit on its Louisiana premium taxes under LRS 22:832, evidence of a qualifying Louisiana investment may be established by a deposit receipt, bank statement, a letter, or other written documentation from the depository institution verifying that funds were deposited in Louisiana (Upon request). File Form 1068C at the address listed in Note D above.	
R	HIPAA Assessment Worksheet (Electronic Filing):  <a href="https://ia.ldi.state.la.us/IndustryAccess/">https://ia.ldi.state.la.us/IndustryAccess/</a>	The 2015 HIPAA Assessment Worksheet (for the reporting of premiums collected in 2014) is to be filed electronically through the Industry Access portal. For questions, please email <a href="mailto:HIPAAWorksheet@ldi.la.gov">HIPAAWorksheet@ldi.la.gov</a>	
S	Anti-Fraud Plan (Electronic Filing): <b>LDI "Industry Access Portal, Anti-Fraud Plans Module"</b> <a href="https://ia.ldi.state.la.us/IndustryAccess/">https://ia.ldi.state.la.us/IndustryAccess/</a> (Questions regarding anti-fraud plan related filings should be directed to Mike Calamari, (225) 219-9759, <a href="mailto:mcalamari@ldi.la.gov">mcalamari@ldi.la.gov</a> )	Effective 1/1/2011, every insurer and HMO is required to file an anti-fraud plan with the Commissioner under LRS 22:572.1. Subsequent to the initial filing, each insurer or HMO is required to annually file both a supplemental report and an annual summary report. Please see <a href="#">Advisory Letter #2010-02</a> for further information.	

**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 include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes 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 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 (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 checklists reflect 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) (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.