

**FOREIGN SURPLUS LINES INSURERS**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: LOUISIANA Filings Made During the Year 2025

(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" x 14")	0	EO	xxx	3/1	NAIC	A-O
	1.1	Printed Investment Schedule detail (Pages E01-E29)	0	EO	xxx	3/1	NAIC	A-O
	2	Quarterly Financial Statement (8 1/2" x 14")	0	EO	xxx	5/15, 8/15, 11/15	NAIC	A-O
	3	Protected Cell Annual Statement	0	0	xxx	3/1	NAIC	A-O
	4	Combined Annual Statement (8 1/2" x 14")	0	EO	0	5/1	NAIC	A-O
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	0	EO	xxx	4/1	NAIC	A-O
	12	Actuarial Opinion	0	EO	xxx	3/1	Company	A-O
	13	Actuarial Opinion Summary	0	N/A	N/A	3/15	Company	A-O
	14	Bail Bond Supplement	0	EO	xxx	3/1	NAIC	A-O
	15	Combined Insurance Expense Exhibit	0	EO	xxx	5/1	NAIC	A-O
	16	Credit Insurance Experience Exhibit	0	EO	xxx	4/1	NAIC	A-O
	17	Cybersecurity & Identity Theft Ins Coverage Supp	0	EO	xxx	4/1	NAIC	A-O
	18	Director and Officer Insurance Coverage Supplement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	2	EO	xxx	3/1	NAIC	A-O
	20	Financial Guaranty Insurance Exhibit	0	EO	xxx	3/1	NAIC	A-O
	21	Insurance Expense Exhibit	0	EO	xxx	4/1	NAIC	A-O
	22	Long-Term Care Experience Reporting Forms	0	EO	xxx	4/1	NAIC	A-O
	23	Management Discussion & Analysis	0	EO	xxx	4/1	Company	A-O
	24	Market Conduct Annual Statement Premium Exhibit for Year	2	EO	xxx	3/1	NAIC	A-O
	25	Medicare Part D Coverage Supplement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	26	Medicare Supplement Insurance Experience Exhibit	0	EO	xxx	3/1	NAIC	A-O
	27	Mortgage Guaranty Insurance Exhibit	0	EO	xxx	4/1	NAIC	A-O
	28	Premiums Attributed to Protected Cells Exhibit	0	EO	xxx	3/1	NAIC	A-O
	29	Private Flood Insurance Supplement	0	EO		4/1	NAIC	A-O
	30	Reinsurance Attestation Supplement	0	EO	xxx	3/1	Company	A-O
	31	Exceptions to Reinsurance Attestation Supplement	0	N/A	xxx	3/1	Company	A-O
	32	Reinsurance Summary Supplemental	0	EO	xxx	3/1	NAIC	A-O
	33	Risk-Based Capital Report	0	EO	xxx	3/1	NAIC	A-O
	34	Schedule SIS	0	N/A	N/A	3/1	NAIC	A-O
	35	Supplement A to Schedule T	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
	36	Supplemental Compensation Exhibit	0	N/A	N/A	3/1	NAIC	A-O
	37	Supplemental Health Care Exhibit (Parts 1 and 2)	0	EO	xxx	4/1	NAIC	A-O
	38	Supplemental Health Care Exhibit's Allocation Report	0	EO	xxx	4/1	NAIC	A-O
	39	Supplemental Investment Risk Interrogatories	0	EO	xxx	4/1	NAIC	A-O
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	0	EO	xxx	3/1	NAIC	A-O
	41	Trusted Surplus Statement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-O
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	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	
	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	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	0	EO	N/A	6/1	Company	A-O
	82	Audited Financial Reports	0	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	0	EO	N/A	8/1	Company	A-O
	85	Change in Independent CPA	0	N/A	N/A	Within 5 days of Chg	Company	A-O
	86	Management's Report of Internal Control Over Financial Reporting	0	N/A	N/A	8/1	Company	A-O
	87	Notification of Adverse Financial Condition	0	N/A	1	Within 5 days of receipt	Company	A-O
	88	Relief from the five-year rotation requirement for lead audit partner	0	EO	N/A	3/1	Company	A-O
	89	Relief from the one-year cooling off period for independent CPA	0	EO	N/A	3/1	Company	A-O
	90	Relief from the Requirements for Audit Committees	0	EO	N/A	3/1	Company	A-O
	91	Request to File Consolidated Audited Annual Statements	0	N/A	N/A	5/20	Company	A-O
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	0	N/A	N/A	7/1	Company	A-O
	93	Request for Extension to File	0	N/A	N/A	5/20	Company	A-O
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	0	Not Applicable	State	A-O
	102	Certificate of Deposit	0	0	0	Not Applicable	State	A-O
	103	Filings Checklist (with Column 1 completed)	0	0	0	Not Applicable	State	A-O
	104	Signed Jurat ( <i>See Note L</i> )	0	0	0	Not Applicable	NAIC	A-O, L
	105	Annual Fee; Producer Production Report, Form 1262.1	0	0	1	3/1	State	A-O, P
	106	Holding Company Registration Statement (Forms B & C)	0	0	N/A	Not Applicable	Company	A-O
	107	Producer Production Report, Form 1262.1	0	0	1	4/15	State	A-O, P
	108	Submission of Contact Information ( <i>See Note Q</i> )	0	0	1	3/1	State	Q

\*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](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](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](http://www.naic.org/public_lead_state_report.htm).

**Highlighted items are new, or changes, for 2025.**

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Shantell Taylor (225) 342-9323 <a href="mailto:Shantell.Taylor@ldi.la.gov">Shantell.Taylor@ldi.la.gov</a>
B	Mailing Address:	Louisiana Department of Insurance TAX DIVISION P. O. Box 94214 Baton Rouge, LA 70804-9214
C	Mailing Address for Filing Fees:	The Producer Production Report (PPR) and all required attachments are due to be filed annually on or before April 15 <sup>th</sup> . <b>In addition, all unauthorized insurers currently on the “white list” must pay an annual \$1,050.00 fee by March 1 per L.R.S. 22:821B(17). The fee must be mailed to the attention of the Tax Division at the address listed in Note B above.</b> The PPR must be emailed to <a href="mailto:taxdivision@ldi.la.gov">taxdivision@ldi.la.gov</a> . See <b>Note P</b> for further information.  <i>Included in the Producer Production Report, Form 1262.1</i>  <i>Questions regarding the Producer Production Report 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>
D	Mailing Address for Premium Tax Payments:	Not Applicable
E	Delivery Instructions:	All filings must be <b>postmarked</b> 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	Producer Production Report (Electronic Filing)	The Producer Production Report (PPR) and all required attachments should be filed online through the LDI’s Industry Access Portal on or before <u>April 15<sup>th</sup></u> :  <a href="https://ia.ldi.state.la.us/IndustryAccess/">https://ia.ldi.state.la.us/IndustryAccess/</a>

			<p>In addition, all unauthorized insurers currently on the “white list” must pay an annual \$1,050.00 fee by <u>March 1<sup>st</sup></u> per L.R.S. 22:821B(17).</p> <p>The <u>fee</u> may be either:</p> <p>a) Paid by check mailed to the attention of the <b>Tax Division</b> as follows:  LOUISIANA DEPARTMENT OF INSURANCE  TAX DIVISION  P. O. BOX 94214  BATON ROUGE, LA 70804-9214</p> <p>b) Paid by automated clearing house (ACH) transfer through the LDI’s Industry Access Portal.</p> <p><b><u>Required Attachments:</u></b></p> <p>Evidence obtained from the domiciliary jurisdiction showing the types of insurance the insurer may write in that jurisdiction. Acceptable documents include a Certificate of Compliance or a copy of the domiciliary Certificate of Authority certified within ninety days of submission that clearly states the lines of insurance, which the insurer may write.</p> <p><b><u>Producer Production Report Format and Requirements:</u></b></p> <p>The total premium reported on the producer production report must reconcile with the total premium reported for Louisiana on the statement of total premiums written in the State of Louisiana. PPR information must be uploaded via the Industry Access Portal in a spreadsheet format (i.e. Excel). The PPR must include the information requested in Table A and Table B on page 2 of the form in the order it appears with no exceptions. Do not use passwords or other security measures to protect data on the spreadsheet. The data must be available for analysis by the Louisiana Department of Insurance.</p> <p><i>Questions regarding the Producer Production Report 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></p>
Q		Submission of Contact Information (Electronic Filing):	<p>No later than March 1 each year, all risk bearing entities must provide an annual certification for certain contact types. The information on contact types is include in Regulation 117.</p> <p>How to provide annual certification. The LDI will use the existing Licensee Contacts Module of the Industry Access System for the updates and the annual certification. A risk bearing entity may use the Licensee Contacts Module or the Uniform Certificate of Authority Corporate Amendment Form 14 to notify the LDI of changes to the contact information but the annual certification will only be available through the Licensee Contacts Module of the Industry Access System.</p> <p>See the following link for further information:  <a href="https://ldi.la.gov/industry/company-licensing/company-contact-changes">https://ldi.la.gov/industry/company-licensing/company-contact-changes</a></p> <p>Please direct any contact information question to the Division of Company Licensing, (800) 259-5300.</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 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 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 (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 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.