

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2022

| (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" x 14") | 1 | EO | xxx | 3/1 | NAIC | B |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 1 | EO | xxx | 3/1 | NAIC | B |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | B |
| | 3 | Protected Cell Annual Statement | 1 | 0 | xxx | 3/1 | NAIC | B |
| | 4 | Combined Annual Statement (8 1/2" x 14") | 1 | EO | xxx | 5/1 | NAIC | B |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | B |
| | 12 | Actuarial Opinion | 1 | EO | xxx | 3/1 | Company | B |
| | 13 | Actuarial Opinion Summary | 1 | N/A | xxx | 3/15 | Company | B |
| | 14 | Bail Bond Supplement | 1 | EO | xxx | 3/1 | NAIC | B |
| | 15 | Combined Insurance Expense Exhibit | 1 | EO | xxx | 5/1 | NAIC | B |
| | 16 | Credit Insurance Experience Exhibit | 1 | EO | xxx | 4/1 | NAIC | B |
| | 17 | Cybersecurity and Identity Theft Insurance Coverage Supplement | 1 | EO | xxx | 4/1 | NAIC | B |
| | 18 | Director and Officer Insurance Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B |
| | 19 | Financial Guaranty Insurance Exhibit | 1 | EO | xxx | 3/1 | NAIC | B |
| | 20 | Insurance Expense Exhibit | 1 | EO | xxx | 4/1 | NAIC | B |
| | 21 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | 1 | EO | xxx | 4/1 | NAIC | B |
| | 22 | Long-Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | B |
| | 23 | Management Discussion & Analysis | 1 | EO | xxx | 4/1 | Company | B |
| | 24 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B |
| | 25 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | B |
| | 26 | Mortgage Guaranty Insurance Exhibit | 1 | EO | xxx | 4/1 | NAIC | B |
| | 27 | Premiums Attributed to Protected Cells Exhibit | 1 | EO | xxx | 3/1 | NAIC | B |
| | 28 | Private Flood Insurance Supplement | 1 | EO | xxx | 4/1 | NAIC | B |
| | 29 | Reinsurance Attestation Supplement | 1 | EO | xxx | 3/1 | Company | B |
| | 30 | Exceptions to Reinsurance Attestation Supplement | 1 | N/A | xxx | 3/1 | Company | B |
| | 31 | Reinsurance Summary Supplemental | 1 | EO | xxx | 3/1 | NAIC | B |
| | 32 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | B |
| | 33 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | B |
| | 34 | Supplement A to Schedule T | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B |
| | 35 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | B |
| | 36 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1 | EO | xxx | 4/1 | NAIC | B |
| | 37 | Supplemental Health Care Exhibit's Allocation Report Supplement | 1 | EO | xxx | 4/1 | NAIC | B |
| | 38 | Supplemental Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | B |
| | 39 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 1 | EO | xxx | 3/1 | NAIC | B |
| | 40 | Trusteed Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | B |
| 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 | 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 | |

| (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 | | | |
| | | | State | 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 | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | T |
| | 82 | Audited Financial Reports | 1 | EO | xxx | 6/1 | Company | U |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 3/1 | Company | V |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | W |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | Within 5 business days | Company | X |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | Y |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | Within 5 business days | Company | Z |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | N/A | 3/1 | Company | AA |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | 1 | 3/1 | Company | BB |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | 1 | 3/1 | Company | CC |
| | 91 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | 3/1 | Company | DD |
| | 92 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 12/1 | Company | |
| | | | | | | | | |
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| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| | 100 | Certificate of Compliance of Advertising. See 25A S.C. Code Ann. Regulation 69-17, Section 17. (Insurers Writing A&H, Only) Email to MarketReg@doj.sc.gov | 1 | 0 | 1 | 3/1 | State | O |
| | 101 | Corporate Governance Annual Disclosure*** | 1 | 0 | 0 | 6/1 | Company | |
| | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 | 3/1 | State | |
| | 103 | Form B-Holding Company Registration Statement | 1 | 0 | 0 | 3/1 | Company | |
| | 104 | Form F-Enterprise Risk Report **** | 1 | 0 | 0 | 3/1 | Company | |
| | 105 | ORSA ***** | 1 | 0 | 0 | 12/31 | Company | |
| | 106 | Premium Tax | 1 | 0 | 1 | 3/1 | State | P |
| | 107 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | R |
| | 108 | Signed Jurat | 1 | 0 | xxx | 3/1 | NAIC | L |
| | 109 | SC Health Ins. Pool Assessment Base Reporting Form Contact: cynthia.matlack@bcbsc.com | 1 | 0 | 1 | 3/1 | State | Q |
| | 110 | Comprehensive Annual Analysis | 1 | 0 | 0 | 3/15 | State | N |
| | 111 | Comprehensive Quarterly Analysis | 1 | 0 | 0 | 6/1, 9/1, 12/1 | State | N |
| | 112 | Information Security Program Compliance | 1 | 0 | 0 | 2/15 | State | EE |

*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: | Chief Financial Analyst Michael Shull Financial Regulation & Solvency Division mshull@doi.sc.gov 803-737-6221 |
| | | Premium Tax Form Questions: Sharon Waddell Tax Manager swaddell@doi.sc.gov 803-737-4910 |
| B | Mailing Address: | Physical Address: South Carolina Department of Insurance 1201 Main Street, Suite 1000 Columbia, SC 29201 |
| | | Mailing Address: South Carolina Department of Insurance Post Office Box 100105 Columbia, South Carolina 29202-3105 |
| C | Mailing Address for Filing Fees: | N/A. Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx , and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. |
| D | Mailing Address for Premium Tax Payments: | N/A. Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx , and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. |
| E | Delivery Instructions: | All required filings must be physically received in the Department no later than the indicated due date. If the due date falls on a weekend or a holiday, the next business day will be considered the due date. |
| F | Late Filings: | Companies will be fined for a late filing on a case-by-case basis. |
| G | Original Signatures: | Original signatures are required on all required filings. |
| H | Signature/Notarization/Certification: | Required annual statements must be verified by at least two of its principal officers, at least one of whom prepared or supervised the preparation of the annual statement. See S.C. Code Ann. Section 38-13-80(A). |
| I | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. The signature requirements for the original filing should be followed for any amendment. |
| J | Exceptions from normal filings: | Foreign companies should 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 an exemption or extension from the Department. Domestic companies should apply for an exemption or extension at least fifteen days prior to the filing due date. |
| K | Bar Codes (State or NAIC): | Required only for NAIC filings. Please follow the instructions in the NAIC Annual Statement Instructions. |
| L | Signed Jurat: | Not required from foreign insurers. |
| M | NONE Filings: | See NAIC Annual Statement Instructions. |
| N | CAA and CQA | Domestics, only. The filings must be submitted electronically in Microsoft Word format to the Chief Financial Analyst via mshull@doi.sc.gov . A hard copy filing is not required. |
| O | Special Filings: | ***Send electronically to MarketReg@doi.sc.gov. Certificate of Compliance of Advertising (insurers writing A&H, only) pursuant to 25A S.C. Code Ann. Regulation 69-17, Section 17B. Each insurer required to file an Annual Statement which is now or which hereafter becomes subject to the provisions of these rules must file with the Department a Certificate of Compliance executed by an authorized officer of the insurer wherein it is |

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| | | <p>stated that, to the best of his knowledge, information and belief, the advertisements which were disseminated by the insurer during the preceding statement year complied or were made to comply in all respects with the provisions of these rules and the Insurance Laws of this State as implemented and interpreted by these rules.</p> <p>The SCDOI has prepared a sample template that may be utilized for completion of this certification. You may find it online at the following link: https://doi.sc.gov/DocumentCenter/View/13307/Certificate-of-Compliance-of-Advertisng-Template-FINAL The certification may be submitted electronically to MarketReg@doi.sc.gov.</p> |
| P | Insurer Fee & Premium Tax Forms and Instructions: | Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx , and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. Questions: Sharon Waddell, Tax Manager, swaddell@doi.sc.gov or 803-737-4910. |
| Q | SC Health Ins. Pool Assessment Base Reporting Form: | <p>Please submit ORIGINAL signed form to the address at the top of the form and NOT to the South Carolina Department of Insurance. Please send via regular mail or an email signed pdf copy to Cynthia Matlack.</p> <p>Submit by MARCH 1, 2022, to: Cynthia Matlack, AX-555 BlueCross BlueShield of SC I-20 at Alpine Road Columbia, SC 29219 Tel (803) 264-2717 E-mail cynthia.matlack@bcssc.com https://doi.sc.gov/DocumentCenter/View/13671/SCHIP-2022?bidId=</p> |
| R | Filing Fees: | Electronic filing now required. Go to https://online.doi.sc.gov/Eng/Members/Login.aspx , and enter UserId and Password to access Insurer Fee & Premium Tax Forms and Instructions. Questions: Sharon Waddell, Tax Manager, swaddell@doi.sc.gov or 803-737-4910. |
| S | Actuarial Opinion Summary: | <p>In addition to Statements of Actuarial Opinion filed with annual financial statements on or before March 1 the Actuarial Opinion Summary (AOS) is required by March 15. The AOS will be maintained as confidential by the Department pursuant to S.C. Code Ann. Section 38-13-160 (2002).</p> <p>The AOS must be prepared as prescribed by the instructions including but not limited to:</p> <ul style="list-style-type: none"> • the actuary’s range of reasonable estimates and/or point estimates for loss and loss adjustment expense reserves • the difference between the insurer’s carried reserves and the point estimate and/or range of reasonable estimates • an explanation of any exceptional adverse development |
| T | Accountants Letter of Qualifications: | See Section 12 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| U | Audited Financial Reports: | See Section 4 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| V | Audited Financial Reports - Exemptions Affidavit: | <p>See Section 17 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.”</p> <p>Insurer must file (i.e., it is not automatically exempt) either: Premium and Policyholders or Certificateholders Exemption Affidavit or Financial or Organizational Hardship Exemption Affidavit which can be accessed under “Attachments to State Filing Checklists.”</p> |

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| W | Communication of Internal Control Related Matters Noted in Audit: | See Section 11 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| X | Independent CPA: Designation/Change/Qualifications: | See Sections 6 and 7 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| Y | Management’s Report of Internal Control Over Financial Reporting: | See Section 16 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| Z | Notification of Adverse Financial Condition: | See Section 10 of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists.” |
| AA | Relief from the five-year rotation requirement for lead audit partner | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC. For further guidance see Sections 7D & 7E of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklist” located on the Company Information Page of the SC Department of Insurance website. |
| BB | Relief from the one-year cooling off period for independent CPA | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC. For further guidance see Sections 7N & 7O of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklist” located on the Company Information Page of the SC Department of Insurance website. |
| CC | Relief from the Requirements for Audit Committees | South Carolina only requires this report if a company has requested relief from its domiciliary state and does not intend to file its request electronically with the NAIC. See Section 14(A) of Regulation 69-70 – Annual Audited Financial Reporting Regulation which can be accessed under “Attachments to State Filing Checklists” located on the Company Information Page of the SC Department of Insurance website. |
| DD | Request for Exemption to File: | See V. above. |
| EE | Information Security Program, Compliance | Pursuant to S.C. Code Ann. Section 38-99-20, Annually, each insurer domiciled in this State shall submit to the director, a written statement by February fifteenth, certifying that the insurer is in compliance with the requirements set forth in this section. Each insurer shall maintain for examination by the department all records, schedules, and data supporting this certificate for a period of five years. To the extent an insurer has identified areas, systems, or processes that require material improvement, updating or redesign, the insurer shall document the identification and the remedial efforts planned and underway to address such areas, systems, or processes. Such documentation must be available for inspection by the director. |

**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 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 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.

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