

HEALTH ORGANIZATIONS

REQUIRED FILINGS IN VIRGINIA

Filings Made During the Year 2021

NOTICE: THE FOLLOWING REPRESENTS, IN GENERAL, THE ANNUAL RENEWAL AND RELATED FILINGS REQUIRED IN VIRGINIA. **COMPANIES FILING THE HEALTH BLANK MAY HAVE ADDITIONAL VIRGINIA SUPPLEMENTAL FILING REQUIREMENTS AS DETAILED ON THE LH OR PC CHECKLISTS.** EACH LICENSED COMPANY WILL FIND SPECIFIC REQUIRED FILINGS LISTED IN THE [ANNUAL LICENSE RENEWAL AND FINANCIAL FILING SUBMISSION PORTAL](#).

| (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 | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8½ "x14") | 1 | EO | N/A | 3/1 | NAIC | A,B,E,F,G,H,I,J,K,M,O |
| | 1.1 | Printed Investment Schedule detail (Pages E01 - E29) | 1 | EO | N/A | 3/1 | NAIC | A,B,E,F,J,K,M,O |
| | 2 | Quarterly Financial Statement (8½ "x14") | 1 | EO | N/A | 5/15, 8/15, 11/15 | NAIC | A,B,E,F,G,H,I,J,K,O |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |
| | 12 | Actuarial Opinion | 1 | EO | N/A | 3/1 | Company | A,B,E,F,G,I,J,K,O |
| | 13 | Life Supplemental Data due March 1 | 1 | EO | N/A | 3/1 | NAIC | A,B,E,F,J,K,M,O |
| | 14 | Life Supplement Data due April 1 | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |
| | 15 | Life Supp Statement Non-Guaranteed Elements - Exh.5, Int. #3 | 1 | EO | N/A | 3/1 | Company | A,B,E,F,J,K,M,O |
| | 16 | Life Supp Statement On Par/Non Par Policies - Exh.5, Int. #1 & 2 | 1 | EO | N/A | 3/1 | Company | A,B,E,F,J,K,M,O |
| | 17 | Life, Health and Annuity Guaranty Assessment Base Reconciliation Exhibit | N/A | EO | N/A | 4/1 | NAIC | A,F,J,K,M,O |
| | 18 | Life, Health and Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | N/A | EO | N/A | 4/1 | NAIC | A,F,J,K,M,O |
| | 19 | Long-Term Care Experience Reporting Forms | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |
| | 20 | Management Discussion & Analysis | 1 | EO | N/A | 4/1 | Company | A,B,E,F,J,K,O |
| | 21 | Medicare Part D Coverage Supplement | 1 | EO | N/A | 3/1, 5/15, 8/15, 11/15 | NAIC | A,B,E,F,J,K,M,O |
| | 22 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | N/A | 3/1 | NAIC | A,B,E,F,J,K,M,O |
| | 23 | Risk-Based Capital Report | 1 | EO | N/A | 3/1 | NAIC | A,B,E,F,G,J,K |
| | 24 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | A,B,E,F,J,K,M |
| | 25 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | A,B,E,F,J,K |
| | 26 | Supplemental Health Care Exhibit (Parts 1,2 and 3) | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |
| | 27 | Supplemental Health Care Exhibit's Allocation Report | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |
| | 28 | Supplemental Investment Risks Interrogatories | 1 | EO | N/A | 4/1 | NAIC | A,B,E,F,J,K,M,O |

| | | III ELECTRONIC FILING REQUIREMENTS | | | | | | |
|--|----|--|-----|-----|-----|--|---------|-----------------|
| | 61 | Annual Statement Electronic Filing | N/A | EO | N/A | 3/1 | NAIC | |
| | 62 | March .PDF Filing | N/A | EO | N/A | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | N/A | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | N/A | EO | N/A | 3/1 | NAIC | |
| | 65 | Supplemental Electronic Filing | N/A | EO | N/A | 4/1 | NAIC | |
| | 66 | Supplemental .PDF Filing | N/A | EO | N/A | 4/1 | NAIC | |
| | 67 | Quarterly Statement Electronic Filing | N/A | EO | N/A | 5/15, 8/15, 11/15 | NAIC | |
| | 68 | Quarterly .PDF Filing | N/A | EO | N/A | 5/15, 8/15, 11/15 | NAIC | |
| | 69 | June .PDF Filing | N/A | EO | N/A | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | A,B,E,F,J,O |
| | 82 | Audited Financial Reports | 1 | EO | N/A | 6/1 | Company | A,B,E,F,J,K,O |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | 1 | 3/1 | State | A,B,E,F,J,O |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | within 60 days of filing the annual Audited Financial Report | Company | A,B,E,F,J,K,M,O |
| | 85 | Independent CPA (Change) | 1 | N/A | N/A | Within 5 business days of change | Company | A,B,E,F,J |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | within 60 days of filing the annual Audited Financial Report | Company | A,B,E,F,J,K,M,O |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | 1 | Within 5 business days of receipt | Company | A,B,E,F,O |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | 1 | 3/1 | Company | A,B,E,J,O |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | 1 | 3/1 | Company | A,B,E,J,O |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | 1 | 3/1 | Company | A,B,E,J,O |
| | 91 | Request for Exemption to File Management's Report of Internal Control over Financial Reporting | 1 | N/A | N/A | | Company | A,B,E,F,J,O |

| | | V. STATE REQUIRED FILINGS | | | | | | |
|------|-----|--|-----|-----|-----|------------------------------|---------|---------------|
| | 101 | Corporate Governance Annual Disclosure | 1 | N/A | N/A | 6/1 | Company | A,B,E,F,J |
| | 102 | Filings Checklist(with Column 1 Completed) | N/A | N/A | N/A | | State | |
| | 103 | Form B Insurance Holding Company System Annual Reg. Stmt. | 1 | N/A | N/A | 4/30 | Company | A,B,E,F,J |
| | 104 | Form F Enterprise Risk Report | 1 | N/A | N/A | 4/30 | Company | A,B,E,F,J,P |
| | 105 | ORSA | 1 | N/A | N/A | 12/1 | Company | A,B,E,F,J,Q |
| | 106 | Premium Tax/Assessments Filings: SEPARATE FILINGS - DIFFERENT ADDRESSES | 1 | N/A | 1 | 3/1 | State | See Note D |
| XXXX | 107 | State Filing Fees | N/A | N/A | N/A | | | |
| XXXX | 108 | Signed Jurat | N/A | N/A | N/A | | | L |
| | 109 | Actuarial Opinion Summary | 1 | N/A | N/A | 3/15 | Company | A,B,E,F,J |
| | 110 | Analysis of Excess Capital & Surplus Investments Report | 1 | N/A | N/A | 3/1, 5/15, 8/15, 11/15 | State | A,B,E,F,J |
| | 111 | Application for Renewal of License | 1 | N/A | 1 | 3/1 | State | A,B,E,F,J,O |
| | 112 | Costs of HMO's Indemnification and Nonparticipating Referral Provider Arrangements | 1 | N/A | 1 | 3/1, 5/15, 8/15, 11/15 | State | A,B,E,F,J |
| | 113 | Managed Care Health Insurance Plan ("MCHIP") Description of Virginia Operations | 1 | N/A | 1 | 3/1 | Company | A,B,E,F,J,O |
| | 114 | Managed Care Health Insurance Plan ("MCHIP") List of Providers | 1 | N/A | 1 | 3/1 | Company | A,B,E,F,J,N,O |
| | 115 | Rates of Compensation | 1 | N/A | 1 | 3/1 | Company | A,B,E,F,O |
| | 116 | Report of Assets Pledged, Hypothecated or Encumbered | 1 | N/A | N/A | 3/1 | State | A,B,E,F,J |
| | 117 | Request for Information Regarding RIs | 1 | N/A | N/A | 3/1 | State | A,B,E,F,J |
| | 118 | Statement of Material Changes | 1 | N/A | 1 | 3/1 | State | A,B,E,F,J |
| | 119 | Supplementary Stmt. of Covered and Uncovered Expenses | 1 | N/A | 1 | 3/1, 5/15, 8/15, 11/15 | State | A,B,E,F,J |

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| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
| A | Required Filings Contact: | BOIFINFILING@SCC.VIRGINIA.GOV |
| B | <p>Annual Renewal and Related Filings Mailing Address: State Corporation Commission Bureau of Insurance Financial Regulation Division P.O. Box 1157 Richmond, VA 23218</p> <p>We have a portal which allows the electronic submission of many of these required documents at Annual License Renewal and Financial Filing Submission Portal. Insurers must go to the portal and log in to submit documents electronically.</p> | <p>Annual Renewal and Related Filings Courier Delivery: State Corporation Commission Bureau of Insurance Financial Regulation Division 1st Floor Mailroom 1300 East Main Street Richmond, VA 23219</p> |
| C | Mailing Address for Filing Fees: | N/A |
| D | <p>Information for Premium Tax/Assessment Filings:</p> <p>PREMIUM LICENSE TAX FORMS and ASSESSMENT FORMS should NOT be submitted with the Annual Statement and its related filings. PREMIUM LICENSE TAX FORMS and ASSESSMENT FORMS are two separate filings per the information below.</p> <p>The PREMIUM LICENSE TAX FORMS must be obtained from www.tax.virginia.gov/insurance and be submitted to the Department of Taxation(TAX). Contact TAX for the correct address.</p> <p>ASSESSMENT FORMS and Instructions must be obtained from https://scc.virginia.gov/pages/Insurance-Company-Assessment-Filing-Information and be submitted to the Bureau of Insurance. See Instructions for the correct address.</p> | <p>Questions re: PREMIUM LICENSE TAX FILINGS should be directed to the VA Dept of Taxation at 804-404-4163.</p> <p>Questions re: ASSESSMENT FILINGS should be directed to the State Corporation Commission's Administrative Revenue Management Division at 804-371-9333.</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 postmark deadline is extended to the next business day. |
| F | Late Filings: | Late filings are subject to penalties pursuant to § 38.2-218 of the Code of Virginia. |

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| G | Original Signatures: | A printer's reproduction of "live" signatures is acceptable. |
| H | Signature/Notarization/Certification: | Statements must be signed by at least two principal officers of the company. |
| I | Amended Filings: | Any signature requirements for the original filing must be followed for amendments. |
| J | Exceptions from normal filings: | Exemptions or extensions are not automatically granted to any company. Requests must be made prior to the filing due date. |
| K | Bar Codes (State or NAIC): | NAIC <i>Annual Statement Instructions</i> should be followed. |
| L | Signed Jurat: | N/A |
| M | NONE Filings: | NAIC <i>Annual Statement Instructions</i> for Supplemental Interrogatories should be followed. |
| N | Filings new, discontinued or modified materially since last year: | Line 114 - The list of providers may be submitted via the Annual License Renewal and Financial Filing Submission Portal or in hardcopy. |

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| O | <p>Foreign and Alien Company Filing Requirements: All foreign and alien companies MUST submit eligible documents electronically via the portal. A "Submit" button is presented if the document is available for portal filing. If there is no "Submit" button presented, then documents should be sent by mail to this Office or to where specified in the portal or on this checklist. All foreign and alien companies and accredited reinsurers that file their NAIC annual statement blank, annual audited financial reports, quarterly financial statements and any supplements related to these documents with the NAIC are exempt from filing a hard copy of these items with this office. These filings should be submitted to the NAIC via electronic media in accordance with the due dates established by the NAIC. Domestic health maintenance organizations (HMOs) and domestic dental plan organizations (DPOs) must continue to submit a hard copy of their annual and quarterly statements. Other renewal documents should be submitted through the portal unless otherwise instructed in the portal or on the specific document.</p> | <p>All items filed should include the Company's NAIC Group Code along with the Company Code.</p> <hr/> |
| P | <p>Form F Filing Requirements: 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 <u>not</u> be submitted by the company to the NAIC.</p> | |
| Q | <p>ORSA Filing Requirements: An ORSA 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 <u>not</u> 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: www.naic.org/public_lead_state_report.htm</p> | |

General Instructions
For Companies to Use Checklist VIRGINIA

Please Note: This checklist represents, **IN GENERAL**, the annual renewal and related filings required in Virginia. The NAIC will not be sending their own checklist.

Electronic filing is intended to be filings 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. Virginia does not request the checklist.

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 quarterly statement 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.

If N/A appears in this column, the filing is not required. "EO" indicates electronic only filing required.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," Virginia will provide the forms with the filing instructions. If this column contains "Dom. State," the form should be obtained from the state of domicile. 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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