

**PROPERTY & CASUALTY INSURERS**

**REQUIRED FILINGS IN VIRGINIA**

**Filings Made During the Year 2024**

NOTICE: THE FOLLOWING REPRESENTS, IN GENERAL, THE ANNUAL RENEWAL AND RELATED FILINGS REQUIRED IN VIRGINIA. EACH LICENSED COMPANY WILL FIND SPECIFIC REQUIRED FILINGS LISTED IN THE [COMPANY RENEWAL PORTAL](#).

| (1)<br>Check-list | (2)<br>Line # | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE   | (4)<br>NUMBER OF COPIES |      |         | (5) DUE DATE           | (6) FORM SOURCE | (7) APPLICABLE NOTES    |
|-------------------|---------------|---|-------------------------|------|---------|------------------------|-----------------|-------------------------|
|                   |               |   | Domestic                |      | Foreign |                        |                 |                         |
|                   |               |   | State                   | NAIC | State   |                        |                 |                         |
|                   |               | <b>I. NAIC FINANCIAL STATEMENTS</b>   |                         |      |         |                        |                 |                         |
|                   | 1             | <a href="#">Annual Statement (8½"x14")</a>  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,G,H,I,J,K,M,O,R |
|                   | 1.1           | Printed Investment Schedule detail (Pages E01-E29)  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M,O,R       |
|                   | 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,R   |
|                   | 3             | Protected Cell Annual Statement   | 1                       | N/A  | N/A     | 3/1                    | NAIC            | A,B,E,F,G,H,I,J,K,M,O   |
|                   | 4             | <a href="#">Combined Annual Statement (8½ "x14")</a>  | 1                       | EO   | N/A     | 5/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   |               | <b>II. NAIC SUPPLEMENTS</b>   |                         |      |         |                        |                 |                         |
|                   | 11            | Accident & Health Policy Experience Exhibit   | 1                       | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 12            | <a href="#">Actuarial Opinion</a>   | 1                       | EO   | N/A     | 3/1                    | Company         | A,B,E,F,G,I,J,K,O       |
|                   | 13            | <a href="#">Actuarial Opinion Summary</a>   | 1                       | N/A  | N/A     | 3/15                   | Company         | A,B,E,F,J               |
|                   | 14            | Bail Bond Supplement  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 15            | Combined Insurance Expense Exhibit  | 1                       | EO   | N/A     | 5/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 16            | <a href="#">Credit Insurance Experience Exhibit</a>   | 1                       | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 17            | Cybersecurity and Identity Theft Insurance Coverage Supplement  | 1                       | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 18            | Director and Officer Insurance Coverage Supplement  | 1                       | EO   | N/A     | 3/1, 5/15, 8/15, 11/15 | NAIC            | A,B,E,F,J,K,M           |
|                   | 19            | Exhibit of Other Liabilities By Line of Business as Reported on Line 17 of the Exhibit of Premiums and Losses | N/A                     | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M,N         |
|                   | 20            | Financial Guaranty Insurance Exhibit  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 21            | Insurance Expense Exhibit   | 1                       | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 22            | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2                         | N/A                     | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 23            | Long Term Care Experience Reporting Forms   | 1                       | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 24            | <a href="#">Management Discussion &amp; Analysis</a>  | 1                       | EO   | N/A     | 4/1                    | Company         | A,B,E,F,J,K,O           |
|                   | 25            | Market Conduct Annual Statement Premium Exhibit for Year  | N/A                     | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M,N         |
|                   | 26            | 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           |
|                   | 27            | Medicare Supplement Insurance Experience Exhibit  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 28            | Mortgage Guaranty Insurance Exhibit   | N/A                     | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 29            | Premiums Attributed to Protected Cells Exhibit  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 30            | Private Flood Insurance Supplement Supplement   | N/A                     | EO   | N/A     | 4/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 31            | Reinsurance Attestation Supplement  | 1                       | EO   | N/A     | 3/1                    | Company         | A,B,E,F,J,K,M           |
|                   | 32            | Exceptions to Reinsurance Attestation Supplement  | 1                       | N/A  | N/A     | 3/1                    | Company         | A,B,E,F,J,K,M           |
|                   | 33            | Reinsurance Summary Supplemental  | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |
|                   | 34            | <a href="#">Risk-Based Capital Report</a>   | 1                       | EO   | N/A     | 3/1                    | NAIC            | A,B,E,F,G,J,K           |
|                   | 35            | Schedule SIS  | 1                       | N/A  | N/A     | 3/1                    | NAIC            | A,B,E,F,J,K,M           |

|  |    |   |     |     |     |   |         |                 |
|--|----|---|-----|-----|-----|---|---------|-----------------|
|  | 36 | Supplement A to Schedule T  | 1   | EO  | N/A | 3/1, 5/15, 8/15, 11/15  | NAIC    | A,B,E,F,J,K,M   |
|  | 37 | Supplemental Compensation Exhibit   | 1   | N/A | N/A | 3/1   | NAIC    | A,B,E,F,J,K     |
|  | 38 | Supplemental Health Care Exhibit (Parts 1 and 2)  | 1   | EO  | N/A | 4/1   | NAIC    | A,B,E,F,J,K,N,M |
|  | 39 | Supplemental Investment Risks Interrogatories   | 1   | EO  | N/A | 4/1   | NAIC    | A,B,E,F,J,K,M   |
|  | 40 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts | 1   | EO  | N/A | 3/1   | NAIC    | A,B,E,F,J,K,M   |
|  | 41 | <a href="#">Trusteed Surplus Statement</a>  | N/A | EO  | N/A | 3/1, 5/15, 8/15, 11/15  | NAIC    | A,B,E,F,J,K,M   |
|  |    | <b>III. ELECTRONIC FILING REQUIREMENTS</b>  |     |     |     |   |         |                 |
|  | 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 | Combined Annual Statement Electronic Filing   | N/A | EO  | N/A | 5/1   | NAIC    |                 |
|  | 66 | Combined Annual Statement .PDF Filing   | N/A | EO  | N/A | 5/1   | NAIC    |                 |
|  | 67 | Supplemental Electronic Filing  | N/A | EO  | N/A | 4/1   | NAIC    |                 |
|  | 68 | Supplemental .PDF Filing  | N/A | EO  | N/A | 4/1   | NAIC    |                 |
|  | 69 | Quarterly Statement Electronic Filing   | N/A | EO  | N/A | 5/15, 8/15, 11/15   | NAIC    |                 |
|  | 70 | Quarterly .PDF Filing   | N/A | EO  | N/A | 5/15, 8/15, 11/15   | NAIC    |                 |
|  | 71 | June .PDF Filing  | N/A | EO  | N/A | 6/1   | NAIC    |                 |
|  |    | <b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>   |     |     |     |   |         |                 |
|  | 81 | <a href="#">Accountants Letter of Qualifications</a>  | 1   | EO  | N/A | 6/1   | Company | A,B,E,F,J,O     |
|  | 82 | <a href="#">Audited Financial Reports</a>   | 1   | EO  | N/A | 6/1   | Company | A,B,E,F,J,K,O   |
|  | 83 | <a href="#">Audited Financial Reports Exemption Affidavit</a>   | 1   | N/A | 1   | 3/1   | State   | A,B,E,F,J,O     |
|  | 84 | <a href="#">Communication of Internal Control Related Matters Noted in Audit</a>                          | 1   | EO  | N/A | within 60 days after 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 after 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 the lead audit partner                                 | 1   | EO  | 1   | 3/1   | Company | A,B,E,I,O       |
|  | 89 | Relief from the one-year cooling off period for independent CPA   | 1   | EO  | 1   | 3/1   | Company | A,B,E,I,O       |
|  | 90 | Relief from the Requirements for Audit Committees   | 1   | EO  | 1   | 3/1   | Company | A,B,E,I,O       |
|  | 91 | Request to File Consolidated Audited Financial Statements   | 1   | N/A | N/A | 12/1  | Company | A,B,E,I,O       |

|      |     |   |     |     |     |                        |         |             |
|------|-----|---|-----|-----|-----|------------------------|---------|-------------|
|      | 92  | 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 |
|      |     | <b>V. STATE REQUIRED FILINGS</b>  |     |     |     |                        |         |             |
|      | 101 | <a href="#">Corporate Governance Annual Disclosure</a>  | 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 | <a href="#">Form B Insurance Holding Company System Annual Reg. Stmt.</a>                                   | 1   | N/A | N/A | 4/30                   | Company | A,B,E,F,J   |
|      | 104 | <a href="#">Form F Enterprise Risk Report</a>   | 1   | N/A | N/A | 4/30                   | Company | A,B,E,F,J,P |
|      | 105 | <a href="#">ORSA</a>  | 1   | N/A | N/A | 12/1                   | Company | A,B,E,F,J,Q |
|      | 106 | Premium Tax/Assessment Filings:<br><b>SEPARATE FILINGS - DIFFERENT ADDRESSES</b>                            | 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 | <a href="#">Group Capital Calculation</a> (file with lead state only)                                       | 1   | N/A | N/A | 4/30                   | Company | A,B,F,J,S   |
|      | 110 | <a href="#">Analysis of Excess Capital &amp; Surplus Investments Report</a>                                 | 1   | N/A | N/A | 3/1, 5/15, 8/15, 11/15 | State   | A,B,E,F,J   |
|      | 111 | <a href="#">Application for Renewal of License</a>  | 1   | N/A | 1   | 3/1                    | State   | A,B,E,F,J,O |
|      | 112 | <a href="#">Data Security Act, Security Program Certification (R22)</a>                                     | 1   | N/A | N/A | 2/15                   | State   | A,B,E,F,J   |
|      | 113 | <a href="#">Managed Care Health Insurance Plan ("MCHIP") Description of Virginia Operations</a>             | 1   | N/A | 1   | 3/1                    | Company | A,B,E,F,J,O |
|      | 114 | <a href="#">Managed Care Health Insurance Plan ("MCHIP") List of Providers</a>                              | 1   | N/A | 1   | 3/1                    | Company | A,B,E,F,J,O |
|      | 115 | <a href="#">Producer-Controlled Insurer Report (As of August 2016, all 50 states were accredited)</a>       | 1   | N/A | N/A | 3/1                    | State   | A,B,E,F,J   |
|      | 116 | <a href="#">Related Parties Summary</a>   | 1   | N/A | N/A | 4/1                    | Company | A,B,E,F,J   |
|      | 117 | <a href="#">Report of Assessable Ocean &amp; Inland Marine Premium</a><br><b>SEPARATE FILING - SEE FORM</b> | 1   | N/A | 1   | 4/1                    | State   | A,E         |
|      | 118 | <a href="#">Report of Assets Pledged, Hypothecated or Encumbered</a>  | 1   | N/A | N/A | 3/1                    | State   | A,B,E,F,J   |
|      | 119 | <a href="#">Request for Information Regarding RIs</a>   | 1   | N/A | N/A | 3/1                    | State   | A,B,E,F,J   |

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|---|---|---|
|   | <b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>  |   |
| A | Required Filings Contact:   | <a href="mailto:BOIFINFILING@SCC.VIRGINIA.GOV">BOIFINFILING@SCC.VIRGINIA.GOV</a>  |
| B | Annual Renewal and Related Filings Mailing Address:<br>State Corporation Commission Bureau of Insurance<br>Financial Regulation Division<br>P.O. Box 1157<br>Richmond, VA 23218 | Annual Renewal and Related Filings<br><b>Courier Delivery:</b><br>State Corporation Commission Bureau of Insurance,<br>Financial Regulation Division 1 <sup>st</sup> Floor Mailroom<br>1300 East Main Street Richmond, VA 23219 |

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|---|---|---|
|   | We have a portal which allows the electronic submission of many of these required documents at Company <a href="#">Renewal Portal</a> . Insurers must go to the portal and log in to submit documents electronically.   |   |
| C | Mailing Address for Filing Fees:  | N/A   |
| D | <p>Information for Premium Tax/Assessment Filings:</p> <p><b>PREMIUM LICENSE TAX FORMS</b> and <b>ASSESSMENT FORMS</b> should <b>NOT</b> be submitted with the Annual Statement and its related filings.</p> <p><b>PREMIUM LICENSE TAX FORMS</b> and <b>ASSESSMENT FORMS</b> <u>are two separate filings</u> per the information below.</p> <p>The <b>PREMIUM LICENSE TAX FORMS</b> must be obtained from <a href="http://www.tax.virginia.gov/insurance">www.tax.virginia.gov/insurance</a> and be submitted to the Department of Taxation(TAX). Contact TAX for the correct address.</p> <p><b>ASSESSMENT FORMS</b> and Instructions must be obtained from <a href="https://scc.virginia.gov/pages/Insurance-Company-Assessment-Filing-Information">https://scc.virginia.gov/pages/Insurance-Company-Assessment-Filing-Information</a> and be submitted to the Bureau of Insurance. See Instructions for the correct address.</p> | <p>Questions re: <b>PREMIUM LICENSE TAX FILINGS</b> should be directed to the VA Dept of Taxation at 804-404-4163.</p> <p>Questions re: <b>ASSESSMENT FILINGS</b> should be directed to <a href="mailto:BOIAssessmentFiling@scc.virginia.gov">BOIAssessmentFiling@scc.virginia.gov</a> or Revenue Management at 804-371-9333.</p> |
| E | Delivery Instructions:  | All filings must be postmarked no later than the indicated due date if filed in hardcopy. 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.   |
| 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.  |

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|--|---|---|
|  | <p>N Filings new, discontinued or modified materially since last year:</p>  | <p>Items 19, 25, and 38</p> <p>Removed Supplemental Health Care Exhibit Part 3 and Supplemental Health Care Exhibit's Expense Allocation Report</p> |
|  | <p>O Foreign and Alien Company Filing Requirements:<br/> 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.<br/> 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.</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:<br/> 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>  |   |
|  | <p>Q ORSA Filing Requirements:<br/> 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: <a href="http://www.naic.org/public_lead_state_report.htm">www.naic.org/public_lead_state_report.htm</a></p>  |   |
|  | <p>R Domestic Company Filing Requirements:<br/> Domestic companies may now submit annual and quarterly financial statements via the <a href="#">Company Renewal Portal</a>. These filings MUST BE signed and notarized.</p>   |   |

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|  | <p>S Group Capital Calculation (GCC) Filing Requirements:<br/>The Group Capital Calculation should be submitted to the lead state of Virginia domestic insurers that are part of insurance holding company systems. See: <a href="http://www.naic.org/public_lead_state_report.htm">www.naic.org/public_lead_state_report.htm</a>.</p> |  |
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**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 *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 *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.

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.