

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2017

(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 ½"X14")	1	EO	xxx	3/1	NAIC	Please, read de Notes A to K and the general instructions within the form
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	1	EO	xxx	3/1	Company	
	13	Life Supplemental Data due March 1	1	EO	xxx	3/1	NAIC	
	14	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	1	EO	xxx	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	1	EO	xxx	3/1	Company	
	17	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	19	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	21	Property/Casualty Supplement due March 1	1	EO	xxx	3/1	NAIC	
	22	Property/Casualty Supplement due April 1	1	EO	xxx	4/1	NAIC	
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
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	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	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	
	82	Audited Financial Reports	1	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	

(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			
	90	Relief from the Requirements for Audit Committees	1	EO		3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	3/1	Company	
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	1	0	1	3/31	State	
	102	Certificate of Deposit	1	0	1	3/31	State	
	103	Filings Checklist (with Column 1 completed)	1	0	1	3/31	State	
	104	Form B-Holding Company Registration Statement	1	0	0	3/31	Company	
	105	Form F-Enterprise Risk Report ***	1	0	0	3/31	Company	
	106	ORSA ****	1	0	0	3/31	Company	
	107	Premium Tax	1	0	1	3/31	State	
	108	State Filing Fees	XXX	0	XXX	3/31	State	
	109	Signed Jurat	xxx	0	1	3/31	NAIC	N
	110	Report of Premiums Written and Claims Paid For All Kind of Medical Expense Insurance and Number of Insureds	1	0	1	3/31, 5/15, 8/15, 11/15	State	Q
	111	Employment Survey ("Número de Empleos Directos Generados en Puerto Rico")	1	0	0	3/31	State	R
	112	Report of Different Aspects of the Population Health in Puerto Rico	1	0	xxx	2/15	State	S
	113	Solicitud de Exención de Contribución sobre Primas	1	0	0	2/1	State	
	114	Premium tax return	1	0	1	3/31	State	
	115	Informe sobre las enmiendas realizadas a sus Políticas de Pago a Proveedores, durante el año anterior a la presentación del informe.	1	0	1	2/1	State	
	116	Informe de Querellas de Pago Puntual	1	0	1	3/31	State	
	117	Informe de Querellas (Servicios al Consumidor)	1	0	1	3/31	State	
	118	Report of HIV Tests Performed by Pregnant Women	1	0	N/A	2/15	State	T
	119	Report of HIV Test Performed	1	0	N/A	3/1, 9/1	State	V

*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

****For those states that have adopted the NAIC updated 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. Consistent with the Form B filing requirements, 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. 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:	Sugeil M. Díaz Serrano (787) 304-8686 ext. 6604 sdiaz@ocs.pr.gov
	B	Mailing Address:	Office of the Commissioner of Insurance of Puerto Rico B5 Tabonuco Street Suite 216 PMB 356 Guaynabo, PR 00968-3029
	C	Mailing Address for Filing Fees:	N/A
	D	Mailing Address for Premium Tax Payments:	Office of the Commissioner of Insurance of Puerto Rico B5 Tabonuco Street Suite 216 PMB 356 Guaynabo, PR 00968-3029 If using UPS or FEDEX delivery services, please sent to: GAM Tower Urb. Caparra Hills Ind. Park 2 Tabonuco Street Suite 400 (Floor 4) Guaynabo, PR 00968-3020
	E	Delivery Instructions:	Sugeil M. Díaz Serrano (787) 304-8686 ext. 6604 sdiaz@ocs.pr.gov
	F	Late Filings:	All required filings must be physically received no later than the due date. If due date fall on weekend or holiday, then the deadline is extended to the next business day. Postmark date does not constitute received date.
	G	Original Signatures:	The Commissioner might issue an order imposing fines for late filing.
	H	Signature/Notarization/Certification:	Original signatures required an all filings that require signatures.
	I	Amended Filings:	Notarized signatures are required for President, Secretary and Treasurer.
	J	Exceptions from normal filings:	Amended items must be filed with a complete explanation of each amendment. If there are signature requirements for the original filing, the same requirements apply to any amendment.
	K	Bar Codes (State or NAIC):	
	L	Signed Jurat:	
	M	NONE Filings:	

	N	Filings new, discontinued or modified materially since last year:	
	O	Certificate of Deposit	A Certificate of Deposit should be a certification of funds on deposit for the protection of all policyholders. Foreign Insurers domiciled in a State which has reciprocity agreement with Puerto Rico, must instead submit a .PDF copy of their qualified funds deposited in their State of Domicile to this Office. (See note B).
	P		
	Q	Report of Premiums Written and Claims Paid For All Kind of Medical Expense Insurance and Number of Insureds	Only for HMO and Disability Insurers issuing health insurance in Puerto Rico. Include, only information related to Puerto Rico. CN-2014-186-ES Electronic version of this report must be signed (see Note G) and send to: estadisticas.planillasalud@ocs.pr.gov
	R	Employment Survey (“Número de Empleos Directos Generados en Puerto Rico”)	CN-2014-169-AF
	S	Report of Different Aspects of the Population Health in Puerto Rico	HMO’s must submit this form in both “hardcopy” and electronic versions. Some reports include categories that must be classified as “Private Plans”, “Individual Plans”, “Direct Payment Plans” and “Public Employee Plans”. The electronic report must be created in MS Excel and send to this Office on or before February 15. The electronic address to send this report is estadisticas.salud@ocs.pr.gov . For specific step by step directions on how to complete the form, please see the instructions attached to the form.
	T	Report of HIV Tests Performed by Pregnant Women	Only for HMO and Disability Insurers issuing health insurance in Puerto Rico. Include, only information related to Puerto Rico. CC-2014-1848-AS
	V	Report of HIV Test Performed	Only for HMO and Disability Insurers issuing health insurance in Puerto Rico. Include, only information related to Puerto Rico. CC-2015-1865-ES

**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 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 (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 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.

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