

ELIGIBLE SURPLUS LINE INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

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

(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				
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	N/A	EO	xxx	3/30	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	N/A	EO	xxx	3/30	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	N/A	EO	xxx	5/17, 8/16, 11/15	NAIC	
	3	Protected Cell Annual Statement	N/A	0	xxx	3/30	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	N/A	EO	xxx	5/31	NAIC	
		II. NAIC SUPPLEMENTS	N/A		xxx			
	10	Accident & Health Policy Experience Exhibit	N/A	EO	xxx	3/30	NAIC	
	11	Actuarial Opinion Summary	N/A	N/A	xxx	3/30	Company	
	12	Combined Insurance Expense Exhibit	N/A	EO	xxx	5/31	NAIC	
	13	Credit Insurance Experience Exhibit	N/A	EO	xxx	3/30	NAIC	
	14	Exceptions to Reinsurance Attestation Supplement	N/A	N/A	xxx	3/30	Company	
	15	Financial Guaranty Insurance Exhibit	N/A	EO	xxx	3/30	NAIC	
	16	Investment Risk Interrogatories	N/A	EO	xxx	3/30	NAIC	
	17	Insurance Expense Exhibit	N/A	EO	xxx	3/30	NAIC	
	18	Long Term Care Experience Reporting Forms	N/A	EO	xxx	3/30	NAIC	
	19	Management Discussion & Analysis	N/A	EO	xxx	3/30	Company	
	20	Medicare Supplement Insurance Experience Exhibit	N/A	EO	xxx	3/30	NAIC	
	21	Medicare Part D Coverage Supplement	N/A	EO	xxx	3/30, 5/17, 8/16, 11/15	NAIC	
	22	Premiums Attributed to Protected Cells Exhibit	N/A	EO	xxx	3/30	NAIC	
	23	Reinsurance Attestation Supplement	N/A	EO	xxx	3/30	Company	
	24	Reinsurance Summary Supplemental	N/A	EO	xxx	3/30	NAIC	
	25	Risk-Based Capital Report	N/A	EO	xxx	3/30	NAIC	
	26	Schedule SIS	N/A	N/A	N/A	3/30	NAIC	
	27	Statement of Actuarial Opinion	N/A	EO	xxx	3/30	Company	
	28	Supplement A to Schedule T	N/A	EO	xxx	3/30, 5/17, 8/16, 11/15	NAIC	
	29	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/30	NAIC	
	30	Trusted Surplus Statement	N/A	EO	xxx	3/30, 5/17, 8/16, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	45	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	46	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	47	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	48	Quarterly Statement Electronic Filing	xxx	1	xxx	5/17, 8/16, 11/15	NAIC	
	49	Quarterly .PDF Filing	xxx	1	xxx	5/17, 8/16, 11/15	NAIC	
	50	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	61	Accountants Letter of Qualifications	N/A	N/A	N/A	6/30	Company	
	62	Audited Financial Statements	N/A	EO	xxx	6/30	Company	
	63	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/30	Company	
	64	Independent CPA	N/A	N/A	N/A	6/30	Company	
	65	Notification of Adverse Financial Condition	N/A	N/A	N/A	6/30	Company	
	66	Report of Significant Deficiencies in Internal Controls	N/A	N/A	N/A	6/30	Company	
	67	Request for Exemption to File	N/A	N/A	N/A	6/30	Company	
	68	Request to File Consolidated Audited Annual Statements	N/A	N/A	N/A	6/30	Company	
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	N/A	0	1	3/30	State	
	102	Certificate of Deposit	N/A	0	0	3/30	State	O
	103	Filings Checklist (with Column 1 completed)	N/A	0	0		State	
	104	Premium tax	N/A	0	N/A		State	
	105	State Filing Fees	N/A	0	N/A		State	
	106	Signed Jurat	N/A	xxx	1	3/30	NAIC	L
	107	Certificate of Investment in Puerto Rico Securities	N/A	0	0	3/30	State	
	108	State Page for Puerto Rico	N/A	xxx	1	3/30	NAIC	Q
	109	Statistical Report on Physicians, Surgeons, Dentists and Hospital Professional Liability Insurance Business in Puerto Rico	N/A	0	1	8/2/2011 & 1/31/2012	State	R

*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.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Migdalia Mirabal León (787) 304-8686 ext. 4400 mmirabal@ocs.pr.gov
	B	Mailing Address:	Office of the Commissioner of Insurance of Puerto Rico: 361 Calle Calaf PO Box 195415 San Juan, PR 00919 If using UPS or FEDEX delivery services, please sent to: Edificio World Plaza 268 Ave. Muñoz Rivera San Juan, PR 00918
	C	Mailing Address for Filing Fees:	N/A
	D	Mailing Address for Premium Tax Payments:	Office of the Commissioner of Insurance of Puerto Rico 361 Calle Calaf PO Box 195415 San Juan, PR 00919
	E	Delivery Instructions:	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.
	F	Late Filings:	The Commissioner might issue an order imposing fines for late filing.
	G	Original Signatures:	Original signatures required an all filings that require signatures.
	H	Signature/Notarization/Certification:	Notarized signatures are required for President, Secretary and Treasurer.
	I	Amended 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.
	J	Exceptions from normal filings:	
	K	Bar Codes (State or NAIC):	

L	Signed Jurat:	Beginning in 2010, the Signed Jurat replaces the Affidavit of Filing and Financial Statement Attestation.
M	NONE Filings:	
N	Filings new, discontinued or modified materially since last year:	Non domestic insurers are required to file the NAIC State Page for Puerto Rico and the Affidavit of Filing and Financial Statement Attestation in lieu of financial statement hardcopy in Puerto Rico (See Note O).
O	Certificate of Deposit	A Certificate of Deposit should be a certification of funds on deposit for the protection of all policyholders. Foreign insurers must submit to this Office, a .PDF copy of their qualified funds deposited in their State of Domicile. (See note B).
P	Certification of Investments in Puerto Rico	Complete the form posted. Send: hard copy with signatures (See Note G).
Q	State Page for Puerto Rico	Foreign and Surplus Lines Insurers authorized to do business in Puerto Rico and exempted of filing a hard copy of their annual statements in our Office, must file a hard copy of the NAIC State Page for Puerto Rico.
R	Statistical Report on Physicians, Surgeons, Dentists and Hospital Professional Liability Insurance Business in Puerto Rico	<p>Pursuant to the provisions of Circular Letter No. AE-I-5-1123-88 of November 15, 1988, as amended by Circular Letter No. AP-I-1-1216-91, each insurer which is transacting the above reference insurance or has transacted the same in the past shall submit to the Office of the Commissioner of Insurance:</p> <p>(a) a Semiannual Report of all claims first received and claims reopened during the semester;</p> <p>(b) a Semiannual Report of all claims closed and outstanding at the end of the semester;</p> <p>and,</p> <p>(c) three (3) sets of copies of all court resolutions, judicial awards and extrajudicial settlements of claims closed during the semester.</p> <p>The report must be signed as directed in note G and delivered to the OCS mailing address specified in note B.</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 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 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.

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.