

**Illinois Department of Insurance
Health Entities Checklist**

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) APPLICABLE NOTES
			Domestic		Foreign		
			State	NAIC	State		
I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8 1/2"X14")	2	EO	xxx	3/1	A-O, T,V,X, Z
	1.1	Printed Investment Schedule detail (Pages E01-E29)	2	EO	xxx	3/1	A-O, T,V, Z
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	A, B, E-O, R, Z
II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N,O
	12	Actuarial Opinion	2	EO	xxx	3/1	A,B,E,F,I,J,M,Q,Z
	13	Life Supplemental Data due March 1	1	EO	xxx	3/1	A,B,E,F,I,J,M,O
	14	Life Supplemental Data due April 1	1	EO	xxx	4/1	A,B,E,F,I,J,M,O
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N,O
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N,O
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N,O
	18	Long-Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	A,B,E,F,I,J,M,N,O
	19	Management Discussion & Analysis	1	EO	xxx	4/1	A,B,E,F,I,Q,U
	20	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	A,B,E,F,I,J,M,N,O
	21	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	A,B,E,F,I,J,M,N,O
	22	Risk-Based Capital Report	1	EO		3/1	A,B,E,F,I,M,O,R, T,Z
	23	Schedule SIS	1	N/A	N/A	3/1	A,B,E,F,I,J,M,O
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	A,B,E,F,I,J,M,O,R
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO	xxx	4/1	A,B,E,F,I,J,M-O
	26	Supplemental Health Care Exhibit's Allocation Report	xxx	EO	xxx	4/1	A,B,E,F,I,J,M-O
	27	Supplemental Investment Risk Interrogatories	xxx	EO	xxx	4/1	A,B,E,F,I,J,M, N, O, AB
III. ELECTRONIC FILING REQUIREMENTS							
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	O
	62	March .PDF Filing	xxx	EO	xxx	3/1	O
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	O
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	O
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	O
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	O
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	O
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	O
	69	June .PDF Filing	xxx	EO	xxx	6/1	O
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	A,B,E,F,I,Q,W
	82	Audited Financial Reports	1	EO	N/A	6/1	A,B,E,F,J,Q,W
	83	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	8/1	A,B,E,J,Q,W
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	A,B,E,J,Q,W
	85	Independent CPA (change)	1	N/A	N/A	8/1	A,B,E,F,J,Q,W

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			Domestic		Foreign		
			State	NAIC	State		
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	A,B,E,F,J,Q,W
	87	Notification of Adverse Financial Condition	1	N/A	N/A	5th business day after notice received	A,B,E,F,J,Q,W
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/21	
	92	Request for Exemption to File Annual Audited Financial Report	1	N/A	N/A	5/21	A,B,E,F,J,Q,W
		V. STATE REQUIRED FILINGS					
	101	Corporate Governance Annual Disclosure***	EO	0			A, B, E
	103	Form B-Holding Company Registration Statement	1	0			
	103.1	Annual Form C Filing	1	0	N/A	5/1	
	104	Form F-Enterprise Risk Report ****	1	0			
	105	ORSA *****	1	0			A, B, D, E
	106	Privilege & Retaliatory Tax Statement	1	0	1	3/15	A,B,D,E,F,P
	106.1	Privilege & Retaliatory Tax Quarterly Estimates	1	0	N/A	4/15, 6/15, 9/15, 12/15	A,B,D,E,F,P
	107	State Filing Fees – Annual Statement Filing Fee	1	0	N/A	Upon Receipt of invoice 2/1	A-C,E,F,P
	107.1	State Filing Fees – Certificate of Authority Renewal	0	0	1	Upon Receipt of invoice 2/1	A-C,E,F,P
	107.2	Financial Regulation Fee	1	XXX	1	Upon Receipt of invoice 6/30	A-C,E,F,P
	108	Signed Jurat	XXX	0			L
	110	Illinois Business Page 30 IL, if not already filed within annual Statement.	1	EO	N/A	3/1	A,B,E,I,M,O,X
	111	Point of Service Form	1	N/A	1	3/1,5/15,8/15 11/15	P, Y
	112	Provider Agreements					AA
	113	Section 126.20 Investment Supplement	1	N/A	N/A	3/1	A,B,E,F,P,Z, AB
	114	Section 131.20 Investment Supplement	1	N/A	N/A	3/1	A,B,E,F,P,Z, AB
	115	Section 141.3 Management Contract Supplement	1	N/A	N/A	3/1	A,B,E,F,P,Z, AB
	116	Certificate of Deposit	0	N/A	1	3/1	A,B,E,F,G,N,P
	117	Certificate of Compliance	0	N/A	1	3/1	A,B,E,F,G,N,P

*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**